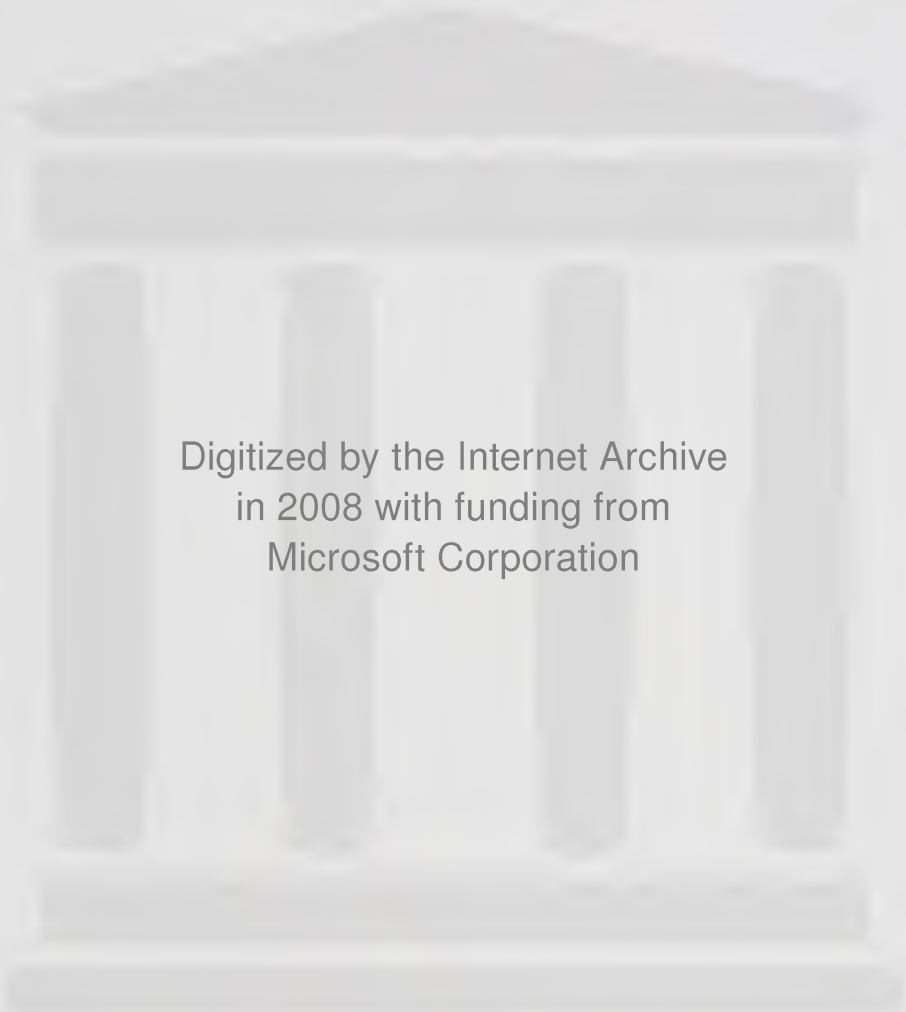

Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation

http://www.archive.org/details/marylandmedical5912baltuoft

P
Med
M

MARYLAND

Medical Journal

Medicine and Surgery

The Medical Journal Company

BALTIMORE *Publishers* WASHINGTON

Volume Fifty-Nine
Number Twelve

DECEMBER, 1916

Annual Subscription
Two Dollars

Chronic Constipation of Elderly Persons is *particularly* amenable to the lubricating action of **INTEROL,** because with age, there is apt to be a decrease or cessation of natural lubricant in the gut. The mucus-follicles are often atrophied or even absent, so that they *cannot* supply the necessary lubrication.

INTEROL, in such cases, serves as the next best lubricant to Nature's own lubricant — mucus — and supplies, without the irritation of castor oil or cathartics, the lubrication necessary to the easy passage of feces through the bowel. It is just as slippery in the sigmoid and rectum, as in the colon. **INTEROL** has an all-the-way action.

INTEROL is a *particular kind* of "mineral oil," and is not "taken from the same barrels as the rest of them": (1) there is no discoloration on the H_2SO_4 test—absolute freedom from "lighter" hydrocarbons, so that there can be no renal disturbance; (2) no dark discoloration on the lead-oxide-sodium-hydroxide test—absolute freedom from sulphur compounds, so that there can be no gastro-intestinal disturbance from this source; (3) no action on litmus—absolute neutrality; (4) no odor, even when heated; (5) no taste, even when warm. The elderly person can "take" **INTEROL.**

Pint bottles, druggists. **INTEROL** booklet on request; also literature on "Chronic Constipation of Elderly Persons."

VAN HORN and SAWTELL, 15 and 17 East 40th Street, New York City.

MANY A SUCCESSFUL PHYSICIAN

has learned from practical experience to appreciate the therapeutic efficiency of

Gray's Glycerine Tonic Comp.

FORMULA DR. JOHN P. GRAY

Its prompt effect on the appetite, digestion and nutrition can be confidently relied upon.

If you are not personally familiar with the remarkable tonic properties of "Gray's" write for special six-ounce sample.

CONSTITUENTS
Glycerine
Sherry Wine
Gentian
Taraxacum
Phosphoric Acid
Carminatives

DOSAGE—ADULTS: Two to four teaspoonfuls in a little water before meals three or four times daily.

CHILDREN—One-half to one teaspoonful in water before meals.

INDICATIONS
Auto-Intoxication
Atonic Indigestion
Anemia
Catarrhal Conditions
Malnutrition
Nervous Ailments
General Debility

THE PURDUE FREDERICK CO., 135 CHRISTOPHER STREET, NEW YORK.

Chevy Chase Sanatorium

WASHINGTON, D. C.

A HIGH-GRADE institution for the care and treatment of those suffering from Nervous and Mental Diseases, Alcohol and Drug Addicts and general enfeeblement.

Located in the choicest suburb of the National Capital, surroundings ideal, buildings new, heated by steam, lighted by electricity, licensed by the District of Columbia, inspected and controlled by the Health Department of the City of Washington.

FOR TERMS, ADDRESS

DR. BENJAMIN RUSH LOGIE

Chevy Chase Sanatorium WASHINGTON, D. C.

VOLUME LIX

DECEMBER, 1915—DECEMBER, 1916

CONTRIBUTORS TO VOLUME LIX

	PAGE
Bay, Robert P., M.D.	31, 59
Beach, L. E., M.D.	198
Beck, Harvey G., M.D.	157
Brown, T. R., M.D.	176
Coleman, W. J., M.D.	42
Colston, J. A. C., M.D.	14
Craighill, J. M., M.D.	34
Dunne, E. H., M.D.	53
Edmunds, Page, M.D.	92
Freeman, E. B., M.D.	176
Heineck, E. B., M.D.	209
Held, William, M.D.	293
Hoge, Albert H., M.D.	274
Holcomb, R. C., Surgeon, U. S. N.	8
Hurd, Henry M., M.D.	56
Johnston, R. H., M.D., F.A.C.S.	91, 189
King, J. T., M.D.	287
Knox, Mason J. H., Jr., M.D.	170
Kloman, E. H., M.D.	79
La Garde, L. A., M.D., U. S. A.	252
Lilienthal, Howard, M.D.	1
Likes, S. H., M.D.	85
Mackenzie, J. N., M.D.	105
Martin, Frank, M.D.	235
Nydegger, J. A., Surgeon, U. S. P. H.	165
Patterson, R. N., Major, M. C., U. S. A.	131
Penrose, Clement A., M.D.	37
Rankin, Fred, A.M., M.D.	44
Rytina, A. G., M.D.	146
Schoenrich, Herbert, M.D.	85
Verbrycke, J. R., Jr., M.D.	191
Winslow, John R., M.D.	297
Winslow, Nathan, M.D.	93
Winslow, Randolph, M.D.	86
Wise, Walter D., M.D.	62

INDEX TO VOLUME LIX

	PAGE
Abdominal Pain, Acute	59
American National Red Cross in First Aid and Accident Prevention, The	131
An Answer to the Query: Shall the City of Balitmore Surrender Quarantine to the Federal Goveriment?	165
Articular Rheumatism, The Treatment of Acute	274
Book Reviews	21, 71, 97, 149, 178, 200, 222, 256, 279
Caesarean Section—Indications and Technique as Performed by the Author	79
Cancer of the Stomach, On the Early Recognition of	27
Chronic Cystitis—Report of Cases	146
Colon Resection and Its Indications—Report of Cases	235
Correspondence— American First Aid Conference	45
Education and Health	287
Effect of Variations of the Gastric Secretion Upon the Composition of the Saliva, The	176
Editorials	24, 50, 76, 102, 128 180, 203, 231, 257, 283, 310
Epilepsy, The Treatment of	293
Esophagus, Folds and Webs at the Upper End of the	189

	PAGE
First Aid in the Navy	8
First Aid Instruction to Police Force of Baltimore	34
Fractures of the Lower End of the Tibia and Fibula	62
Goiter, Surgical Treatment of	31
Heart, Incised Wound of, Suture and Recovery	42
Indicanuria—A Study of One Hundred Consecutive Cases	191
Infant Welfare Work—Its Necessity, Its Reward	170
Interscapulo-Thoracic Amputation of the Upper Extremity for Sarcoma of the Shoulder, A Case of	93
Laryngologist, Some Reflections, Reminiscences and Confessions of a	105
Nasal Accessory Sinuses, A Report of Some Unusual Cases of Disease of the	297
National Board of Medical Examiners, The	252
Nursing, The Evolution of	157
Personal Experiences at the Red Cross Hospitals at Pau, France	14
Phases of Life, The Three	37
Rectum, Diseases of the	53
Removing Flat Foreign Bodies from the Trachea of the Young Child, A Simple Method	91
Renal and Ureteral Calculi, Remarks on the Diagnosis of	183
Report of Board of Medical Examiners of Maryland	47, 227
Sarcoma of the Scapula, Report of Two Cases	86
Smith, Nathan, Nathan R. Smith and Alan P. Smith—A Medical Family	56
Soluble Extract of Corpus Lutem	198
Stomach, The Modern Method of Treatment of Diseases of the	261
Surgeon's Education in Cancer—Conclusions After Nearly Thirty Years of Clinical Observation	1
Treatment of Extra Uterine Pregnancy, The	209
Urethratome, An Improved	92
Venereal Complications, Multiple, Report of Case	85

MARYLAND MEDICAL JOURNAL

FOR DECEMBER, 1916

VOL. LIX *Entered at the Baltimore Postoffice as Second-Class Matter* No. 12

CONTENTS

EDUCATION AND HEALTH . . . . . JOHN T. KING, M.D. 287

THE TREATMENT OF EPILEPSY . . . . . WILLIAM HELD, M.D 293

A REPORT OF SOME UNUSUAL CASES OF DISEASE OF THE NASAL ACCESSORY SINUSES . . JOHN R. WINSLOW, M.D. 297

EDITORIALS 309

The First Examination of the National Board of Medical Examiners. The Kinetograph in Relation to Medical Instruction.

MEDICAL ITEMS 312

BOOK REVIEWS . . . . . *b*

Terms: $2.00 a Year | THE MEDICAL JOURNAL CO. Professional Building Baltimore, Md. | Index to Ads. Page ii

WINTER COUGHS

Respond promptly to

ANGIER'S EMULSION

The proven efficacy of Angier's Emulsion in cases of WINTER COUGHS and BRONCHIAL AFFECTIONS warrants it being given a trial in your practice. It is particularly useful for elderly people and children, because it is pleasant to take and causes no digestive disturbance.

IF YOU ARE NOT FAMILIAR WITH THE EMULSION AND YOU HAVE A CASE WHERE YOU WOULD LIKE TO TRY SOME SAMPLES, WE WILL SEND THEM CHARGES PREPAID ON REQUEST

ANGIER CHEMICAL CO., BOSTON, MASS.

INDEX TO ADVERTISERS

When writing, say you saw advertisement in the MARYLAND MEDICAL JOURNAL.

Alkaloi Co.....vii
Angier Chemical Co.....i
Antiphlogistine (Denver Chem. Co.).xi
Baker, John C., Co.....vii
Battle & Co.....xv
Breitenbach, M. J., Co.....xv
Bristol-Myers Co.....xx
Carter, Dr. H. V.....xiii
Chalfonte Hotel.....xxii
Chambers, D. H.....xiii
Chevy Chase Sanatorium.....2d cover
City Dairy Co., The.....xvi
Cohen & Hughes, Inc.....xxv
Collins System.....ix
Cook, Richard W.....xxi
Crittenden, C. N., Co.....ix, xvi
Daniel, John B.....xii
Davis & Geck.....xiii, xxi
Deetjen, Christian, Dr.....ii
Fairchild Bros. & Foster.....v
Fellows Medical Mfg. Co.....xviii
Fleet-McGinley Co.....viii
Galen Hall, Atlantic City.....4th cover
Gorsuch & Sons, G. H.....xxxi
Gundry Sanitarium.....xxx
Gundry Home, Richard.....xxx
Hub Auto Supply Co.....xxii
Huster & Winder.....xxii
Katharmon Chemical Co.....iii
Lilly, Eli, & Co.....vi
Liverpool, Dr. J. H.....xxviii
Lozak.....xxxi
Medical Society Meetings.....iv
Mellier Drug Co.....ii
Mellin's Food Co.....xix
Morgan, T. C., & Co.....xxi
Mosby, C. V., Book Co.....xii
Nose-Ions Co.....xx
Ogden, A. G., Co.....xvi
Parke, Davis & Co.....3d cover
Patapsco Manor Sanitarium.....xxxi
Peacock Chemical Co.....xii, xxi
Pearson Home.....xxx
Phillips, C. H., Chemical Co.....xvii
Phillips House.....xxii
Physician.....xxxi
Pollack's.....viii
Purdue Frederick Co.....2d cover
Reed & Carnrick.....xix
River Crest.....xxx
Robins, A. H.....viii
Sander, Carl, & Sons.....xxiv
Schlaffino, G., Co.....xiii
Sharp & Dohme.....xvii
Standard Oil Co.....xxiii
Shearer & Mossom.....xiii
Smith, Martin H., Co.....xvi, xxviii
St. Charles Hotel.....xxix
Storm, Katharine L.....xxxii
Stuart's Pharmacy.....xx
Sultan Drug Co.....vi, xv
Thomas & Thompson Co.....xxi
University of Maryland.....xxxii
University of Md., Dental Dept.....ix
University of Md., Law Dept.....xiv
Van Horn & Sawtell, Front and 4th cover
Western Maryland Dairy.....xxix
Willms, Chas., Surgical Inst. Co.....viii
Wilson, Dr. L.....xiii

LOCAL DIRECTORY

Bowen & King.....xxiv
Chattolanee Spring Water.....xxiv
Gossard Corset Shop, The.....xxiv
Hartzell, Miss T. O.....xxvi
Leimkuhler, M. H.....xxvi
National Bank of Baltimore.....xxiv
Roche, Geo. J. & Son.....xxiv

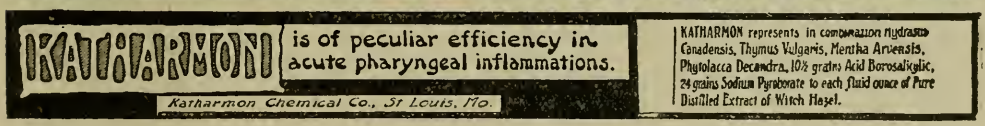
Electrotherapy
Hydrotherapy
Nauheim Bath

Telephone—Madison 5344
DR. CHRISTIAN DEETJEN
1702 Eutaw Place
Institute for Physical Therapeutics

Mechanotherapy
X-Rays and
Radium Laboratory

WHEREVER THE SALICYLATES ARE INDICATED.
Tongaline
MELLIER
ANTI-RHEUMATIC
ANTI-NEURALGIC
ALWAYS UNIFORM ••• ALWAYS RELIABLE
Samples on Application MELLIER DRUG COMPANY St. Louis

Fortify the weak against wintry blasts
Susceptibility to bronchial ailments being largely a matter of REDUCED TISSUE RESISTANCE, the obvious need, therefore, is for A TISSUE BUILDER, and for the purpose
CORD. EXT. OL. MORRHUAE COMP.
(HAGEE)
has proven its unexcelled worth to a generation of physicians.
Easily assimilated. Free from grease and the taste of fish.
EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.
Supplied in sixteen ounce bottles only. Dispensed by all druggists
Katharmon Chemical Co., St. Louis, Mo.


KATHARMON
is of peculiar efficiency in acute pharyngeal inflammations.
Katharmon Chemical Co., St Louis, Mo.
KATHARMON represents in combination Hydrastis Canadensis, Thymus Vulgaris, Mentha Arvensis, Phytolacca Decandra, 10½ grains Acid Borosalicylic, 24 grains Sodium Pyroborate to each fluid ounce of Pure Distilled Extract of Witch Hazel.

GIDDINGS & ROGERS CO.

210 Guilford Avenue

BALTIMORE, MD.

We Have the Facilities for Printing all Orders, from the Smallest to the Largest. We are Prompt. Our Prices are Reasonable

ESTIMATES CHEERFULLY GIVEN

Printers Steel Die Engravers Lithographers
Blank Book Makers

Medical Society Meetings

MARYLAND

NOTE.—Secretaries are requested to advise us promptly of the election of new officers in their respective Societies, that due announcement may be made in the JOURNAL.

Except where otherwise stated, the Medical Societies of Baltimore meet at the Medical and Chirurgical Faculty building, 1211 Cathedral Street.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. President, J. Whitridge Williams, M.D.; Secretary, Joseph I. France, M.D.

Baltimore City Medical Society

President, Chas. E. Sadtler, M.D.; Vice-President, F. H. Baetjer, M.D.; Secretary, Emil Novak, M.D.; Treasurer, W. S. Gardner, M.D.; Censors, C. E. Brack, M.D., O. B. Pancoast, M.D., R. Winslow, M.D.; Delegates, Gordon Wilson, M.D., C. F. Burnham, M.D., J. M. H. Rowland, M.D., John T. King, M.D., W. A. Fisher, Jr., M.D., R. Fayerweather, M.D., H. Friedenwald, M.D., J. H. Pleasants, M.D., S. McCleary, M.D., J. Staige Davis, M.D., W. E. Brinton, M.D.

SECTION OF CLINICAL MEDICINE AND SURGERY. 1st and 3d Fridays, 8.30 P. M.; October to May. Chairman, J. Staige Davis, M.D.; Secretary, E. B. Freeman, M.D.

SECTION OF DERMATOLOGY. 3d Wednesdays. Chairman, J. Wiliams Lord, M.D.; Secretary, I. R. Pels, M.D.

SECTION OF GYNECOLOGY AND OBSTETRICS. 2d Fridays in October, December, February and April. Chairman, J. M. H. Rowland, M.D.; Secretary, Emil Novak, M.D.

SECTION OF LARYNGOLOGY. 4th Fridays monthly, 8.30 o'clock. Chairman, Lee Cohen, M.D.; Secretary, G. W. Mitchell, M.D.

SECTION OF MEDICAL EXAMINERS. 3d Fridays in November and March. Chairman, J. D. Iglehart, M.D.; Secretary, W. E. Magruder, M.D.

SECTION OF NEUROLOGY. 2d Friday, monthly. Chairman, C. M. Byrnes, M.D.; Secretary, D. D. V. Stuart, M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. 3d Wednesdays. Chairman, J. W. Downey, Jr., M.D.; Secretary, L. D. Whitham, M.D.

County Societies

ALLEGANY COUNTY MEDICAL SOCIETY. President, J. T. Johnson, M.D., Cumberland; Secretary-Treasurer, M. J. Simmons, M.D., Cumberland, Md.; Delegate, A. Leo Franklin, M.D.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. Brayshaw, M.D., Glenburnie, Md.; Secretary, L. B. Henkel, Jr., M.D., Annapolis, Md.; Treasurer, F. H. Thompson, M.D., Annapolis, Md.; Delegate, C. R. Winterson, M.D.

BALTIMORE COUNTY MEDICAL SOCIETY. President, G. C. McCormick, M.D., Sparrows Point, Md.; Secretary, J. C. Monmonier, M.D., Catonsville, Md.; Treasurer, F. C. Eldred, M.D., Sparrows Point, Md.; Delegate, H. L. Naylor, M.D., Towson, Md.

CALVERT COUNTY MEDICAL SOCIETY. President, Compton Wilson, M.D., Friendship, Md.; Secretary-Treasurer, J. W. Leitch, M.D., Huntingtown, Md.; Delegate, P. Briscoe, M.D.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. Goldsborough, M.D., Greensboro, Md.; Secretary-Treasurer, J. R. Downes, M.D., Preston, Md.; Delegate, H. W. B. Rowe, M.D., Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, C. R. Foutz, M.D., Westminster, Md.; Secretary-Treasurer, H. M. Fitzhugh, M.D., Westminster, Md.; Delegate, M. D. Norris, M.D.

CECIL COUNTY MEDICAL SOCIETY. President, A. H. Cantwell, M.D., North East, Md.; Secretary-Treasurer, H. Bratton, M.D., Elkton, Md.; Delegate, G. H. Richards, M.D.

CHARLES COUNTY MEDICAL SOCIETY. President, John W. Mitchell, M.D., Pomonkey, Md.; Secretary-Treasurer, Thomas S. Owen, M.D., La Plata, Md.; Delegate, L. C. Carrico, M.D.

DORCHESTER COUNTY MEDICAL SOCIETY. President, Guy Steele, M.D., Cambridge, Md.; Secretary-Treasurer, W. H. Houston, M.D., Fishing Creek, Md.; Delegate, E. E. Wolff, M.D., Cambridge, Md.

FREDERICK COUNTY MEDICAL SOCIETY. President, M. A. Birely, M.D., Thurmont, Md.; Secretary, B. O. Thomas, M.D., Frederick, Md.; Treasurer, W. C. Johnson, M.D., Frederick, Md.; Delegate, J. C. Routson, M.D. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. Van Bibber, M.D., Belair, Md.; Secretary-Treasurer, Charles Bagley, M.D., Bagley, Md.; Delegate, W. S. Archer, M.D. 2d Wednesdays in January, March, May, July, September and November.

HOWARD COUNTY MEDICAL SOCIETY. President, W. C. Stone, M.D., Ellicott City, Md.; Secretary-Treasurer, W. L. Cissel, M.D., Highland, Md.; Delegate, W. R. White. Meetings quarterly first Tuesdays in January, April, July and October.

KENT COUNTY MEDICAL SOCIETY. President, H. G. Simpers, M.D., Chestertown, Md.; Secretary-Treasurer, F. B. Hines, M.D., Chestertown, Md.; Delegate, F. B. Hines, M.D.

MONTGOMERY COUNTY MEDICAL SOCIETY. President, F. N. Henderson, M.D., Rockville, Md.; Secretary-Treasurer, C. H. Mannar, M.D., Rockville, Md.; Delegate, W. L. Lewis, M.D. 3d Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, H. B. McDonnell, M.D., College Park, Md.; Secretary, S. M. McMillan, M.D., Riverdale, Md.; Treasurer, W. Allen Griffith, M.D., Berwyn, Md.; Delegate, L. A. Griffith, M.D. 2d Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, C. P. Kemp, M.D., Stevensville, Md.; Secretary-Treasurer, H. F. McPherson, M.D., Centerville, Md.; Delegate, J. W. Stack, M.D.

SOMERSET COUNTY MEDICAL SOCIETY. President, R. R. Norris, M.D., Crisfield, Md.; Secretary-Treasurer, H. M. Lankford, M.D., Princess Anne, Md.; Delegate, C. W. Wainwright, M.D. 1st Tuesday in October, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, Samuel Trippe, M.D., Royal Oak, Md.; Secretary-Treasurer, A. McC. Stevens, M.D., Easton, Md.; Delegate, J. A. Stevens, M.D. Annual meeting 3d Tuesday in November and semi-annual meeting 3d Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, W. B. Morrison, M.D., Hagerstown, Md.; Secretary, V. D. Miller, M.D., Hagerstown, Md.; Treasurer, W. B. Morrison, M.D., Hagerstown, Md.; Delegate, V. D. Miller, M.D. 2d Thursdays of February, May, September and November.

WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. Elderdice, M.D., Mardela Springs; Secretary and Treasurer, H. S. Wailes, M.D., Salisbury, Md.; Delegate, G. W. Todd, M.D.

WORCESTER COUNTY MEDICAL SOCIETY. President, R. Lee Hall, M.D., Pocomoke City, Md.; Secretary and Treasurer, E. E. Wisehart, M.D., Snow Hill, Md.; Delegate, J. L. Riley, M.D., Snow Hill, Md.

HOLADIN and BILE SALTS

Holadin, 2½ grs.
Bile Salts, ½ gr.
(In Capsules)

"The bile, indeed, proved itself to be a constant and powerful "auxiliary of the pancreatic juice.
"The effect was most pronounced on the fat-splitting ferment, the "action of which was increased two or three fold," Pawlow—The Work of the digestive Glands.

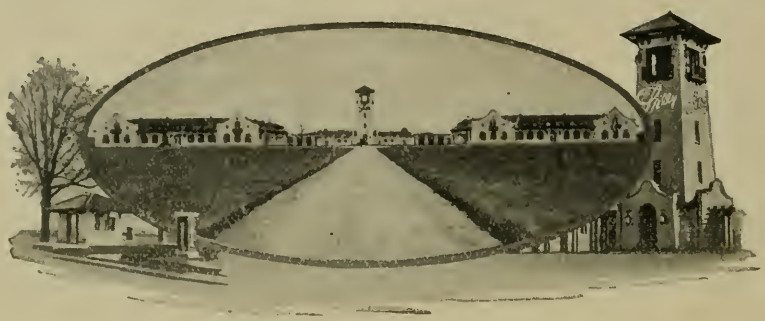
Holadin, the entire pancreas extract, contains lipase as well as all the other enzymes of the pancreas. Bile Salts, Fairchild, are the salts obtained in their native association from fresh purified ox gall

The combination of Holadin and Bile Salts is based upon the "close relationship between the bile and the pancreatic juice," as shown by Pawlow and other investigators.

The Holadin and Bile Salts combination is proving of great interest to physicians in the clinical application of the pancreas principles—in disease believed to be due to, or aggravated by, pancreatic deficiency; or employed simply to promote metabolism and thus reinforce the resistance of the patient.

Send for "Abstracts on the Bile Salts"—an interesting compilation from Schafer, Pawlow and Leonard Hill

Fairchild Bros. & Foster
New York



THE LILLY BIOLOGICAL LINE

The new Lilly Biological Plant, shown above, embodies the latest ideas in scientific laboratory construction. No expense has been spared to provide the best facilities for the production of Antitoxins, Serums, Bacterial Vaccines, Vaccine Virus, Rabies Virus, Tuberculins, and related preparations.

Lilly Biologicals are sold through the drug trade. Send for new descriptive catalog and pamphlet on Biological Therapy.

ELI LILLY & COMPANY
INDIANAPOLIS, U. S. A.

NEW YORK CHICAGO ST. LOUIS KANSAS CITY NEW ORLEANS

PRUNOIDS

For the Permanent Relief of
CONSTIPATION

CACTINA PILLETS
Regulate, support and strengthen the heart.

SENG
A trustworthy gastric tonic.

An ideal laxative free from the usual drawbacks of cathartics. Used with exceptional success in Intestinal Stasis, Obstipation, Auto-intoxication, or whenever a safe and pleasant evacuant is needed.

SULTAN DRUG CO.
St. Louis, Mo.

SUBSCRIBE TO THE
Maryland Medical Journal
$2.00 PER YEAR

No Cod Liver Oil Like BAKER'S

The reason is in the great care in the selection of **fresh perfect livers** and **special care** in **preparation.** It is a Norwegian Oil of highest purity obtainable, light in color, fresh and bland in taste, and extracted from the livers before decomposition has set in, imported in the colder months of the year in sealed cans and bottled as soon as opened to avoid the least rancidity. The Lofoton Oil is made only in midwinter, and has been proven superior to oils obtained from other parts of the world. Test its value by prescribing **BAKER'S OIL** in your first suitable case. The best names in the profession, such as Jackson, Mutter, Darragh, Leidy, Angew, Bartholow and others, have voluntarily endorsed our product.

JOHN C. BAKER CO.

Established 1830 PHILADELPHIA, PA.

In Order That Every Physician May Get Acquainted With Alkalol

and its high therapeutic value in the treatment of inflammation and irritation of mucous membrane, whether internal or external, we have arranged to mail a liberal sample for clinical test upon receipt of request—a postcard will do.

ALKALOL deserves the attention of every physician whose goal of treatment is results. A trial will justify its regular use—we make it easy for you to try it. Write today.

ALKALOL COMPANY

Taunton, - - - - Mass.

Doctor—
If You Want to BUY or SELL

A LOCATION or practice, if you desire an assistant, or to be an assistant, if you have any office equipment which you wish to sell or exchange, you can reach more physicians in the State of Maryland through the MARYLAND MEDICAL JOURNAL than in any other way. Rates, $1.00 per inch. Twenty-five cents extra if replies are sent through the Journal. Cash, in advance, must accompany copy.

ADDRESS ALL COMMUNICATIONS TO

MARYLAND MEDICAL JOURNAL

608 Professional Building BALTIMORE, MD.

Pil. Cascara Comp.—Robins

Mild, 1 Grain Strong, 4 Grains

For INDIGESTION. DYSPEPSIA and CONSTIPATION

Samples and Literature on Request

RICHMOND **A. H. ROBINS COMPANY** VIRGINIA

J. EDWARD McGINLEY, President T. D. ROBERTS, Vice-President J. H. ROSENAU, Secy.-Treas.

Fleet-McGinley Company

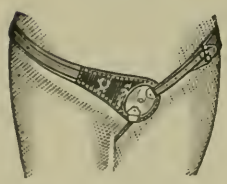
Printers

ESPECIALLY EQUIPPED FOR THE PRODUCTION OF GENERAL PRINTING AND HIGHEST GRADE OF COMMERCIAL WORK

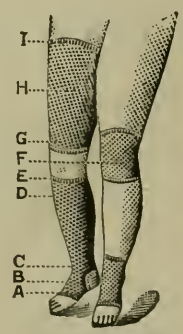
N. W. Cor. South and Water Sts. BALTIMORE, MD.

The Chas. Willms Surgical Instrument Co.

300 NORTH HOWARD STREET, BALTIMORE, MD.



TRUSSES
ABDOMINAL SUPPORTERS
ELASTIC HOSIERY
HOT WATER BOTTLES
FOUNTAIN SYRINGES



Discount to Physicians 25 Per Cent.

Lady Attendants

Hospital and Institution Beds and Bedding

We are Specialists IN THIS LINE

Furniture, Rugs
Bedding and Upholstery

POLLACK'S
ISAAC DAVIDSON, WM. B. FALLON } Props.

Howard and Saratoga Sts.
BALTIMORE, MD.
Estimates Solicited

HEALTH

Physiology in One Lesson

1. What is the biggest thing in life?
   Answer: Health.
2. Why is health the biggest thing in life?
   Answer: Because without it all other achievements are well-nigh impossible.
3. How is health to be obtained and retained?
   Answer: By supplying your body with good food and the proper kind and amount of exercise.
4. What kind of exercise should be indulged in?
   Answer. Systematic.
5. What is systematic exercise?
   Answer: That kind which one takes regularly as one does his meals and his sleep—that kind which fits one's peculiar needs and condition.
6. How is a busy business man to get systematic exercise without neglecting his other duties?
   Answer: By enrolling at the Collins System of Physical Culture, where resistant exercises of the systematic health-building kind are supplied by Director J. G. Payne and his healthy associates individually at any hour of the day from 9 A. M. until 7 P. M.
7. Can this system be investigated?
   Answer: Most certainly! It is vouched for by scores of the most prominent business men in Baltimore, and a trial treatment is gladly given. A postal will bring "The One Big Business," a most interesting booklet.
8. Where is the Collins System located?
   Answer: On the sixth floor of the Title Building, Courthouse Plaza. The phone number is St. Paul 6714.

(Author's Note.—Investigation by physicians solicited.)

SVAPNIA

A Refined Opium Derivative for Physicians' Use Only

Contains: { Morphine 43.75 grains per ounce.
Codeine 2.18 grains per ounce.

SVAPNIA exerts all the anodyne effects of morphine without many of the latter's untoward after-effects. In its preparation from U. S. P. opium the chemist has left out deleterious by-products. One grain of SVAPNIA, like one grain of opium, is equal therapeutically to one-tenth grain of morphine. The dose is exact and uniform. Therefore stomach disturbance and the danger of habit are lessened.

SVAPNIA is the ideal remedy for PAIN.

Sold by druggists generally.

THE CHARLES N. CRITTENTON CO., Distributing Agents.
115 Fulton Street, New York.

Samples and literature to physicians on request if accompanied by Federal order.

University of Maryland

DENTAL DEPARTMENT

The regular Winter Session begins on October 1st of each year, and continues until the following May.

The Annual Catalogue contains Course of Study, Terms, etc. Attendance upon *three* regular Winter Sessions will be required before the final examinations for the degree of Doctor of Dental Surgery.

Graduates of Medicine and those who have attended one or more previous sessions at a reputable dental school admitted to higher grades. The requirements for admission are the same as in all other reputable dental colleges.

FEES

Matriculation (paid once only)	$ 5.00
Tuition Fee	150.00
Diploma Fee	30.00
Dissecting Fee (paid once only)	10.00

Students who have attended a Session of this, or any other College, prior to 1906-1907, are admitted on the old fees. For information and Annual Catalogue, Address

T. O. HEATWOLE, M.D., D.D.S., Dean
BALTIMORE, MD.

Medical and Chirurgical Faculty

OF MARYLAND.

OFFICERS AND COMMITTEES FOR 1916

President

J. Whitridge Williams.

Vice-Presidents

L. C. Carrico, M. D. Norris, J. A. Chatard.

Secretary

Joseph I. France.

Treasurer

W. S. Gardner.

Board of Trustees

L. McL. Tiffany, D. E. Stone,
W. Brinton, T. A. Ashby,
J. M. H. Rowland, J. W. Humrichouse,
W. J. Todd, J. W. Chambers,
H. M. Hurd.

State Board of Medical Examiners

Herbert Harlan, Harry L. Homer,
B. W. Goldsborough, Albert L. Wilkinson,
Henry M. Fitzhugh, Jr., John L. Riley,
Lewis A. Griffith, J. McP. Scott.

Councillors

Hiram Woods, Peregrine Wroth, Jr.,
L. F. Barker, Guy Steele,
G. Milton Linthicum, J. F. Crouch,
R. Lee Hall. Wilmer Brinton.
W. S. Archer. Randolph Winslow,
C. O'Donovan, H. B. Stone,
L. C. Carrico, H. L. Naylor,
W. J. Todd.

Delegates to American Medical Association

1915-1916.

Randolph Winslow, J. Hall Pleasants.

Alternates:

E. B Claybrook, J. S. Bowen.

Committee on Scientific Work and Arrangements

Wm. A. Fisher, J. M. H. Rowland, A. M. Shipley.

Committee on Midwifery

L. B. Whitham, F. V. Beitler,
M. Sherwood, P. F. Sappington,
J. McF. Bergland.

Library Committee

John Ruhräh, L. F. Barker,
C. B. Gamble, H. B. Jacobs,
R. B. Warfield.

Memoir Committee

J. T. Smith, C. F. Davidson,
C. Deetjen, M. G. Porter,
W. R. Eareckson.

Committee for Fund for Relief of Widows and Orphans of Deceased Members.

J. H. Robinson, Howard Bratton,
J. I. Pennington, Charlotte B. Gardner,
H. M. Lankford.

Committee on Public Instruction

Emil Novak, Lilian Welsh,
S. J. Fort, A. H. Carroll,
W. D. Wisc.

Committee on Medical Education

Herbert Harlan, W. F. Lockwood,
R. Winslow.

Committee on Sanitary and Moral Prophylaxis

D. R. Hooker, O. E. Janney,
Lillian Welsh, A. T. Chambers,
E. H. Richardson.

Committee on Tuberculosis

J. Girdwood, W. L. Moss,
V. Cullen, M. F. Sloan,
G. W. Todd.

BOARD OF MEDICAL EXAMINERS

OF MARYLAND

Dr. Herbert Harlan, President, 516 Cathedral St., Baltimore.
Dr. B. W. Goldsborough, Cambridge.
Dr. Henry M. Fitzhugh, Jr., Westminster.
Dr. Lewis A. Griffith, Upper Marlboro.
Dr. Harry L. Homer, 714 Park Ave., Baltimore.
Dr. Albert L. Wilkinson, Raspeburg, Md.
Dr. John L. Riley, Snow Hill, Md.
Dr. J. McP. Scott, Secretary and Treasurer Hagerstown.

REGULAR MEETINGS OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND

Fourth Tuesday in April.
First Tuesday in June.
First Wednesday in October.
First Wednesday in December.

REGULAR EXAMINATIONS.

Examinations are held in Baltimore—

Third Tuesday in June for four consecutive days.

Second Tuesday in December for four consecutive days.

RECIPROCITY.

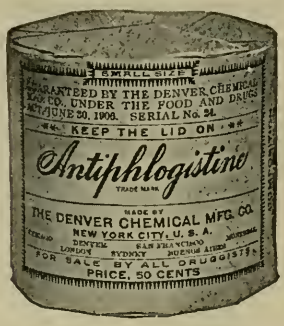
Maryland is in reciprocal relation with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, South Carolina, Texas, Vermont, Virginia, West Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with medical examinations and licensure by addressing Secretary J. McP. Scott, Hagerstown, Md.

REPRINTS.

Reprints will be furnished at a uniform schedule of price to all. The charges are for actual cost of paper and presswork. Prices and full information furnished with galley proof or upon request.

Pneumonia, Pleurisy, Bronchitis, Quinsy, Laryngitis, Etc.


SMALL SIZE
GUARANTEED BY THE DENVER CHEMICAL MFG. CO. UNDER THE FOOD AND DRUGS ACT JUNE 30, 1906. SERIAL No. 24.
KEEP THE LID ON
Antiphlogistine
TRADE MARK
MADE BY
THE DENVER CHEMICAL MFG. CO.
NEW YORK CITY, U. S. A.
CHICAGO DENVER SAN FRANCISCO MONTREAL
LONDON SYDNEY BUENOS AIRES
FOR SALE BY ALL DRUGGISTS
PRICE, 50 CENTS

increase with the coming of Winter, and suggest, to the Physician of wide experience and success, the important role played in these diseases, of

Directions:—Always heat in the original container by placing in hot water.

Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

"Antiphlogistine does not interfere with, or antagonize in any way, the internal medication in vogue by the several schools of medical practice. Its application is external and its chemical composition being known to the practitioner, he is proceeding along scientific lines when he uses this safe, non-irritating, hygroscopic, depleting, blood-saving expedient, in the treatment of pneumonia and allied diseases."

SEND FOR COPY OF "PNEUMONIA" BOOKLET

By ordering Antiphlogistine in full and original packages: Small, Medium, Large, or Hospital Size, "a perfect poultice" is assured.

Physicians should WRITE "Antiphlogistine" to AVOID "substitutes"

"There's only ONE Antiphlogistine"

MAIN OFFICE AND LABORATORIES

THE DENVER CHEMICAL MFG. CO., NEW YORK, U. S. A.

Branches: LONDON, SYDNEY, BERLIN, PARIS, BUENOS AIRES, BARCELONA, MONTREAL

THE RELIEF OF MENTAL STRESS
attendant upon great grief or sudden shock
will be found in
PASADYNE
(DANIEL'S CONCENTRATED TINCTURE)
OF PASSIFLORA INCARNATA.

Dessertspoonful doses repeated at hourly intervals for an adult will secure relief of the nervous tension and sleep.
PASADYNE (Daniel) is positive in action but does not produce any bad after-effects, nor form a habit.
IT HAS NO CONCERN WITH THE HARRISON ACT.
SAMPLES AND LITERATURE SUPPLIED TO PHYSICIANS PAYING EXPRESS CHARGES
LABORATORY OF JOHN B. DANIEL, INC., ATLANTA, GEORGIA

CHIONIA
A true hepatic stimulant that does not produce catharsis

PEACOCK'S BROMIDES
The BEST because the PUREST for prolonged Bromide Treatment

Remarkably serviceable in the treatment of Biliousness, Jaundice, Intestinal Indigestion, and the many conditions caused by hepatic torpor.

PEACOCK CHEMICAL CO.
St. Louis, Mo.

Practical Sanitation

A Handbook for Health Officers
AND Practitioners of Medicine

BY

FLETCHER GARDNER, M.D.,
Captain Medical Corps, Indiana National Guard; First Lieutenant Medical Reserve Corps, U. S. Army; Health Commissioner Monroe County, Indiana.

JAMES PERSONS SIMONDS, B.A., M.D.,
Professor of Preventive Medicine and Bacteriology Medical Department, University of Texas; lately Superintendent Indiana State Laboratory of Hygiene.

With an Introduction by J. N. HURTY, M.D., Health Commissioner of Indiana

400 Pages **40 Illustrations** **Price, $4.00**

This volume aims to provide a safe way for the health officer to meet any emergency that may arise. Since sanitary officers in small places, out of the reach of libraries, are most in need of such a work, and since they are illy paid, the authors have endeavored to provide a book at a moderate price which covers public health and sanitation in a concise but practical manner.

THE C. V. MOSBY CO.—Medical Publishers—ST. LOUIS, U. S. A.

"Sutures fit for Surgery"
DAVIS & GECK, INC. Brooklyn, N.Y., U.S.A. KALMERID

Hours, 9.30 to 3.30 St. Paul 8136

DR. HEDLEY V. CARTER
Osteopathist

326 N. Charles St. Brown Arcade Building 16 W. Saratoga St.

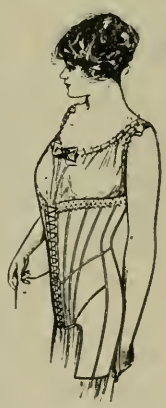
MEMBER STATE BOARD OSTEOPATHIC EXAMINERS

Our Surgical Department

Is in charge of a Trained Nurse and Practical Corset Fitter. Our experience has shown us the need of an expert along these lines. We co-operate with the physician.

LaGrecque Corset

SHEARER & MOSSOM
103 W. Saratoga Street
Phone. St. Paul 5174 Near Rennert Hotel



Pure Italian Olive Oil

Wines and Liquors for Medicinal Use

The G. SCHIAFFINO CO.
220 N. Eutaw St. 702 S. Broadway
603 Forrest St.

St. Paul 7918 Hours: 9 A. M. to 6 P. M.
DR. LORRAINE WILSON
Chiropodist and Electrolysis
Office: 906 Fidelity Bldg.
Expert Manicuring Cor. Charles and Lexington Sts.

D. HARRY CHAMBERS
Prescription Optician
312-314 N. Howard St. BALTIMORE, MD.

Hon. HENRY D. HARLAN, LL.D.
Dean
1061 Calvert Building
Formerly Chief Judge, Supreme Bench, Baltimore City

EDWIN T. DICKERSON
Attorney-at-Law
Secretary and Treasurer
301 St. Paul Street

THE LAW SCHOOL

OF THE

UNIVERSITY OF MARYLAND

Lombard and Greene Streets BALTIMORE, MD.

A DAY SCHOOL and a NIGHT SCHOOL, with the same Faculty, requirements, course of instruction and fees in each.

LECTURES { *DAY SCHOOL, 4-7 P. M.*
NIGHT SCHOOL, 6-9 P. M.

FOR CATALOGUE AND FURTHER INFORMATION, APPLY TO

EDWIN T. DICKERSON
Secretary and Treasurer
301 St. Paul Street BALTIMORE, MD.

To BUILD UP
To BRACE UP
To TONE UP

In ANY form of DEVITALIZATION
prescribe

Pepto-Manĝan (Gude)

Especially useful in

ANEMIA of All Varieties:
CHLOROSIS: AMENORRHEA:
BRIGHT'S DISEASE: CHOREA:
TUBERCULOSIS: RICKETS:
RHEUMATISM: MALARIA:
MALNUTRITION: CONVALESCENCE:
As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

Supplied in 11-ounce bottles only—never in bulk.

Samples and literature sent upon request.

Prescribe original bottle to avoid substitution.

M. J. BREITENBACH COMPANY
New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

CACTINA PILLETS

A dependable cardiac tonic for
FUNCTIONAL DISORDERS OF THE HEART

PRUNOIDS
A physiologic laxative that does not gripe or cause after-constipation.

SENG
stimulates gastro-intestinal functions.

A remedy of proven efficiency for supporting, strengthening, and regulating the heart's action.

SULTAN DRUG CO., St. Louis, Mo.

IODIA
(BATTLE)

For mercurial cachexia, syphiloma of nervous system, and many disorders of syphilitic origin.

GIVES BEST POSSIBLE RESULTS WITHOUT TROUBLESOME DISTURBANCES.

BATTLE & COMPANY. SAINT LOUIS.

PROF. O. F. HUNZIKER
of Purdue University

is a contributor to our "Safe Milk" Magazine. So are Drs. Rosenau and Lerrigo and a number of other well-known medical men.

Just write or 'phone and we'll gladly put you on the mailing list. The authoritative articles are a decided help and a welcome education to all nursing mothers.

City Dairy

"Mt. Vernon 860" "Madison 2222"
"Homewood 193"

BALTIMORE, MARYLAND

Tested professionally—
Approved professionally.

Exceptionally Palatable, Digestible, Dependable.

Physicians have been able to prescribe to advantage

Hydroleine

in cases in which cod-liver oil is indicated. Hydroleine is pure cod-liver oil emulsified in a manner which makes it extremely utilizable. It is without medicinal admixture. Sold by druggists.

THE CHARLES N. CRITTENTON CO.
115 Fulton Street, New York
Sample will be sent to physicians on request.

ERGOAPIOL (Smith)

For
AMENORRHEA
DYSMENORRHEA
MENORRHAGIA
METRORRHAGIA
ETC.

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules.

DOSE: One to two capsules three or four times a day.

SAMPLES and LITERATURE SENT ON REQUEST.

MARTIN H. SMITH COMPANY, New York, N.Y.U.S.A.

A. G. Ogden Co.
Engraving
Designing
Illustrating
107-109 S. CHARLES ST.
BALTIMORE, MD.

As fine as Silk

MARYLAND
MEDICAL JOURNAL

A Journal of Medicine and Surgery

Vol. LIX, No. 12 BALTIMORE, DECEMBER, 1916 Whole No. 1183

EDUCATION AND HEALTH.

By John T. King, M.D.

The more a physician sees of disease with its restless misery, its pathetic anguish and hopeless despair, the more frequently as he turns away from the bedside does he feel like exclaiming how easily might this suffering and distress have been avoided. Besides, he tires of always looking on the sickly side of life, having written on its face expiations for sin and ignorance; not unnaturally does he yearn not to look forever on ruins, or broken or defaced columns, but on the beauty of perfect contour, on the majesty of strength, and the bewitching charm of perfect proportions.

The individual is almost helpless in guarding himself against preventable yet dangerous diseases. His health, his life and the lives of those he holds most dear, often literally depend on what those around him may do. In new and sparsely-settled countries, having slow and difficult means of communication, the life of one person is seldom endangered by the sanitary fault of others. But the situation is wholly changed in densely-populated regions with easy and rapid modes of modern intercommunication; so when a person cannot protect his own life against conditions arising from others, it would seem to be the exact sphere of the Government to afford him such protection. Is this done in our day in an enlightened and effectual manner? Are not our lawmakers satisfied in granting power to municipal bodies, and, as it usually turns out, through ward politicians to take optional action in reference to a matter involving the health or sickness, the life or death of the people? As might be expected under such potentates, the measures adopted are lame and ineffectual. What else could be anticipated of a law which relegates such a difficult and important trust to such jurisdictors, men with very small capacity for imbibing sanitary knowledge.

A man's house is said to be his castle; he does in it as he lists, and he will do as all prudent men do—so arrange its interior that the health of those domiciled in it shall not thereby be endangered.

Do those who have control of our public schools show a similar degree of prudence, so that those who make a temporary stay in them shall not suffer in health? The wisdom of learned lawmakers frequently does not rise on this point to the same altitude in conserving health as that of the humbler citizen. Persons of ordinary observation may well know that the teachers and pupils of our schools are often severely ill on account of the bad air, bad ventilation, overcrowding and faulty modes of warming our school buildings. The State virtually assumes the role of parent to our children for many years. In doing so it is often less careful than the considerate parent. Is it not a notorious truth that nearly every scholar, particularly girls, grows paler, thinner and weaker than ordinary. The State assumes the educational charge of its youth for a number of years. It takes the execution of this most important trust out of the hands of the parents, dictates directly how much breathing space your child and mine shall have, how well or ill the rooms where they are kept shall be warmed, lighted and ventilated; how many hours each day they shall be closely confined, how cramped and motionless they shall sit, how much or little out-of-doors exercise they shall have, and last but not least, what they shall study and how long and severe the mental strain shall be. Men are put in charge of these affairs not because they are highly enlightened on educational topics, but because they are good republicans or strong democrats. The educational charge of your child and mine being thus taken out of our hands by the State, is it asking too much that the physical and mental health be carefully guarded? There is scarcely a parent, and no urban physician, who is not cognizant of instances in which steady attendance at school seriously injures the health, giving rise to debility, headaches and damaged nervous systems which endure for time. If such a thing should happen through a State law in reference to raising young animals, do you imagine it would abide? Let us consider this matter more attentively. The brain is the organ of the mind and the grand center from which flows all nervous energy. It is the slowest and latest of all organs in the body in reaching mature development, and is at the same time more susceptible to hurtful influences than any other part. Like other organs of the body, a judicious amount of exercise during the period of growth enhances its vigor, but too much stunts and deforms it. Put a boy while in rapid growth to light and varied exercise, and his system at large is benefited. On the other hand, put him to severe and constant manual labor, and its development becomes heavy, clumsy, defective and misshapen. Farmers have the good sense to know that hard work injures the growth, beauty, strength and endurance of young horses, but they apparently never imagine that hard work has the same effect on their boys and girls. In this it may literally be said of them they have poor human sense, but excellent horse sense. The tender brain, the organ of the mind, is so very carefully protected and hidden away from sight by provident nature that its damaged and stunted con-

dition from overwork in the schoolroom cannot be seen, but it may be easily discerned through the functional performances in after life. The picture which came under my observation is familiar to every practitioner of medicine. Does this look familiar to you? An anxious mother brought her daughter to the office with the following history: My daughter from being a bright, rosy girl, happy all the day, has become pale, peevish, with loss of appetite, wakeful nights, disturbed vision, stooped shoulders—in short, has developed evidences of some severe malady.

"Now Doctor," said this mother, "give her some strong tonic to bring her right up, as we want her back to school as soon as possible, for she stands at the head of her class." It was evident that long hours at school, close application to books at home, lack of proper hours for sleep and recreation, and, worst of all, the spurring on of a jaded body and mind by the desire to retain her class standing and final reward, were fast undermining her constitution.

A second picture: The principal of one of our schools addressed a note to the head of a family which I attend, stating that his daughter, my patient, had strange nervous attacks at school. This note was endorsed by the patient and sent to me for my information and guidance. Upon inquiry I learned that this young lady was often compelled to remain up until after midnight at hard work in order to hold her class standing, and on rising in the morning suffered loss of appetite, and would go to school without breaking her fast. She was fretful, nervous, easily frightened or moved to tears, had terrible headaches, disturbed sleep, and, though not very thin, was pale and anemic.

Talk to me of medicine in such cases! It is folly to rely upon it. In the strongest terms I could command I pointed out to the fond parents, proud of their daughter's distinction, the great folly and danger of their course, and urged upon them as the only safe procedure to give special attention to her physical culture, and opened their eyes to the fact that their children were dying of overschooling.

Professor Huxley says the effect of overtaxing the brain during the period of its growth physiologically stated is this: "The cerebral vital energy provided for perfecting its growth and development is used up in exhausting toil and for the purpose of vain display." I cannot better enforce this point than by quoting the following from this great thinker: "The educational abomination of the present day is the stimulation of the young people to work at high pressure by constant competitive examinations."

Some wise man, who evidently was not an early riser, has said of early risers in general that they are conceited all the forenoon and stupid all the afternoon. Now, whether this is true of early risers, in the common acceptation of the word, or not, I will not pretend to say; but it is too often true of unhappy children who are forced to rise early in their classes. They are conceited all the forenoon of life and stupid all its afternoon. The vigor and freshness which should have been stored up for the purposes of

the hard struggle for existence and practical life have been washed out of them by precocious mental debauchery, by book gluttony and lesson-bibbing. Their faculties are worn out by the strain put upon their callow brains, and they are demoralized by worthless childish triumph before the real work of life begins. I have no compassion for sloth, but youth has more need of intellectual rest than age, and the cheerfulness, the tenacity of purpose, the power of work which made many a successful man what he is, must be placed to the credit not of his hours of industry, but to that of hours of idleness in boyhood.

True, a large number of children with good constitutions bear the school brain strain with less disastrous results. It may only aid them in acquiring a tendency to nervousness, or, in other words, to the neurotic temperament. American schools have drawn no little attention and admiration from European observers for the thoroughness of their drill and the advanced scholarship of those scarcely well in their teens. Bright, brilliant, and to a large degree wonderful is this premature blooming of the mind. But, like all hothouse forcing systems, the outcome is sadly disappointing; it is sickly, soon fades away, and is very unproductive. The marked increase of the neurotic temperament may be everywhere discerned by a little attention. Compare for yourself the calm, athletic, firm-nerved father, who gained his education under the loose system of the log schoolhouse, with his highly educated son, trained under the new-fangled brain forcing system, and it will be apparent that the son has a much more restless, fugacious eye, a more nervous, quick and impatient manner, that he is to a marked degree thinner, paler and more irritable than his father. Such a system, in place of fitting, unfits anyone for a strong and prolonged struggle in the great battle of life with all its fierce and bitter competitions.

In no small degree for such reasons it is observed that the boy hurried along by the emulating school drill, noted for his precocity, is seldom the one who attains to eminence in after life. I believe we all endorse the sentiments of Herbert Spencer when he says: "There is a given order in which and a given rate at which the faculties unfold." If the course of education conforms itself to that order and rate, well. If not, the higher faculties are early taxed by presenting an order of knowledge more complex and abstract than can be readily assimilated, or if by excess of culture the intellect in general is developed to a degree beyond that which is natural to the age, the abnormal result so produced will inevitably be compared by some equivalent or more than equivalent evil. For Nature is a strict accountant; and if you demand of her in one direction more than she is prepared to lay out, she balances the account by making a deduction elsewhere. Supposing the overactivity of the brain not to be extreme, but to exceed the normal activity only in a moderate degree, there will be nothing more than some slight reaction on the development of the body. When the excess of mental exertion is greater there follow results

more serious, telling not only against bodily perfection, but against the perfection of the brain itself.

But these results of overeducation, disastrous as they are, are perhaps less disastrous than the results upon the health, the undermined constitution, the enfeebled energies, the morbid feelings. Recent discoveries in physiology have shown how immense is the influence of the brain over the functions of the body. The digestion of the food, the circulation of the blood, and through these all other organic processes, are profoundly affected by cerebral excitement. Whoever has seen repeated the experiment first performed by Weber, showing the consequence of irritating the vagus nerve, which connects the brain with the viscera; whoever has seen the action of the heart suddenly arrested by the irritation of this nerve, slowing, recommencing when the irritation is suspended, and again arrested the moment it is renewed, will have a vivid conception of the depressing influence which an overwrought brain exercises on the body. And if, as all who candidly investigate the matter must admit, physical degeneracy is a consequence of excessive study, how great is the condemnation to be passed upon this cramming system above exemplified. It is a terrible mistake in so far as the mere acquiring of knowledge is concerned, for it is notorious that the mind, like the body, cannot assimilate beyond a certain rate, and if you ply it with facts faster than it can assimilate them they are very soon rejected again; they do not become permanently built into the intellectual fabric. It is a mistake, too, because it tends to make study distasteful, it often generates an aversion to books, and instead of a subsequent self-culture induced by rational education, there comes a continued retrogression.

It is a mistake, also, inasmuch as it assumes that the acquisition of knowledge is everything, and forgets that a much more important matter is the organization of knowledge.

But the mistake is still deeper, as it is fatal to the vigor of physique, for success in the world depends more on energy than on information. Once more the system is a mistake as involving a false estimate of welfare in life. Even supposing it were a means of worldly success instead of a means of worldly failure, yet, in the entailed ill-health, it would inflict a more than equivalent curse. What boots it to have attained wealth if the wealth is accompanied by ceaseless ailments?

On women the effects of this forcing system are, if possible, even more injurious than on men. In the pale, angular, flat-chested young ladies we see the effects of merciless application, unrelieved by youthful sports, and this physical degeneracy exhibited by them hinders their welfare far more than their many accomplishments aid it. Men care comparatively little for erudition in women, but very much for physical beauty and good nature

and common sense. What man ever fell in love with a woman because she understood Italian? Where is the Edwin who was brought to Angelina's feet by her German? But rosy cheeks and laughing eyes are great attractions. A finely rounded figure draws admiring glances. The liveliness and good humor that overflowing health produces go a great way towards establishing attachments. If any think the assertion a derogatory one and inveigh against the masculine character for being thus swayed, we reply that they little know what they say when they call in question the divine ordinations.

This paper has already exceeded the bounds I had prescribed for it, so I cannot enlarge on details as to the means by which the sanitary supervision of schools would prevent the restraints and requirements of the schoolroom from stunting the physical development of pupils, lowering the general standard of health, injuring the eyesight, crooking the brain as well as the back, and weakening the whole nervous system for life. Suffice it to say, the plan would involve the selection of sites for buildings, the dimensions, warming, lighting and ventilation of rooms, the number and division of hours devoted respectively to study and recreation, the careful inquiry concerning special predispositions to disease among the children, especially of the nervous system, and when needful, enjoining special rules not simply to avoid its intensification, but to facilitate its removal.

Shall the physician after having accomplished so much for the alleviation and prevention of human suffering, and with an encouraging prospect, retire within himself and say to the populace, they are joined to their idols; let them alone. Nay, God forbid! Rather let sanitarians labor on in their thankless work, hoping that little by little the rays of light may penetrate the popular mind. We might truthfully say that already we may rejoice in the evidences of light in the east which we believe will overspread the sky. A tremendous development of physical education has recently taken place in the form of the playground movement and all that it implies and in the beneficent reaction upon the old, stilted, fatiguing, isolated and unnatural formal gymnastics. The play movement is largely in the private and voluntary stage of development, but there is one school with which I am familiar which requires the "three M's" before the door is opened to any applicant, viz., examination Mentally, Morally and Medically, and later, after careful observation, vocationally. The older methods of sentencing growing children for many years to sedentary book reading in stationary seats are beginning to give way before the newer way of play in the open air, hide and seek among the trees, ball games, and aquatic sports and winter games.

THE TREATMENT OF EPILEPSY

By William Held, M.D.,
Chicago, Ill.

It's dangerous to wake the lion;
Destructive are the tiger's fangs;
But the horror of all horrors
Is man gone mad.

THOSE who are interested in epilepsy and who have a clear insight into the unhappy conditions existing in the home where an epileptic lives will hardly believe it possible that any new woe could be added to the cup of sorrow already overflowing. Yet such seems to be the case now.

There comes a Cincinnati physician and announces that epilepsy is due to a germ (which he thought he had discovered) and that contact with the blood of an epileptic can communicate the dread disease to others. Those who have given credence to these statements, which were widely circulated by the press, have unnecessarily added to their burden.

It is the purpose of this article to allay unwarranted fear and make known the facts regarding epilepsy in the light of our present-day knowledge.

If the belief in the communicability of epilepsy were allowed to continue, people would witness an attack with still greater horror and terror than is the case now; epileptics would be shunned like lepers and left to their own misery without anyone daring to extend a helping hand.

It is a most dangerous suggestion which thus was instilled into the minds of the many thousands who either directly or indirectly are concerned with epileptics, and the more deplorable as it is without scientific basis, without truth, and merely built upon coincidents of flimsy fabric.

The communicability of epilepsy by contact with the patient's blood is a myth; it has been positively disproved by the exact methods of the laboratory.

The germ theory heralded by the Cincinnati doctor as a new discovery is also a matter of past history and recognized by epileptographers as an old acquaintance of something like twenty years ago.

In 1902 Bra, a French investigator, described a germ which he isolated from the blood of some epileptics and gave credit to a co-worker, who five years prior to his own work had called attention to this germ phase of the disease.

The germ described by the Cincinnati physician is the identical organism described and depicted by Bra these many years ago. Epileptographers who for many years before Bra have ardently studied the epileptic problem and who have kept a steady finger on the pulse of epilepsy research, when learning of Bra's work, did not fail to connect their own experience with the apparent discovery and investigated into every possibility presented by the

new theory. Years of labor on the part of the most experienced laboratory talents have failed to adduce a remedy from the germ proposition, and further research disproved the existence of a specific germ of epilepsy.

Inasmuch as epileptics and those connected with them number by the many thousands, a closer examination of the facts underlying the epileptic problem and the disproving of the two statements mentioned should be very helpful.

Truly there are few sights so terrible, so full of agonizing emotions, as a "man gone mad." But madmen are confined in stone and iron institutions, and, fortunately for our sensibilities, are seldom seen.

The epileptic is more unfortunate, more pitiable, more tragic, if possible, than even the madman. Their condition is of more urgent general interest, inasmuch as they are at large and frequently seen in their convulsive attacks.

The epileptic, occupying as he does an intermediate place between the sane and the insane, realizes keenly his hopeless condition, whereas the man who is really insane is spared the mental agony of this realization.

The epileptic lives a life of fear and apprehension, knowing that he may be seized with an attack at any moment. So, while he is often apparently well and capable of performing work, nevertheless he is in reality barred from enjoying life. His friends and family do not trust him, nor does he trust himself.

It is a most difficult task to secure attendants who are willing to live with an epileptic. High wages will not for any great length of time procure loyal and loving care for the patient. The only unselfish and devoted attention is given by the epileptic's mother. Only a mother is willing, year in and year out, to enslave herself, to regulate her household, and to subordinate her interest and convenience to the needs of an epileptic child.

This devotion of the mother, however, is too often unappreciated. This ingratitude is due of course to the abnormal mental condition of the patient, which gives rise to all sorts of whims, idiosyncrasies and peculiarities. He receives all kindness and accepts all sacrifices in a domineering spirit; he resents close surveillance, and is often abusive.

The employment of sedatives in the so-called treatment of epilepsy is a greatly responsible factor in the transformation of the patient's behavior, the estrangement and abnormalities. This is borne out by visiting the insane asylums throughout the country, where one may behold many thousand insane epileptics. Investigate their history and you will find that bromide brutalization has played the heavy role in the patient's tragedy.

Look over this legion of the lost and you might wonder where are the doctors who have treated these creatures, who have encouraged them with worthless pet theories, new methods, with pathys, drugs, fads and surgery.

I should like to see the array of medical men who have fed bro-

mide to these patients; the bulk of bromide consumed, the amount of money wasted, the tears and the heartaches, and the trepidation of those who loved the patients; I should like to see all these elements represented in some way, and then put in opposition to them the results—the insane epileptic, confined behind the walls of the insane asylum, concluding his career of misery. Then I would ask the bromide-prescribing physician of today to view his work and ask him whether such abundant, heaven-onward crying failures were not reason enough to persuade him to discard his "remedy."

Our knowledge of the nature of epilepsy has been gained through years of actual experience with these patients and laboratory research.

We have stated in various medical journals that epilepsy is a toxemia; that is, a disease due to the presence of poisonous material circulating in the patient's blood and bathing the brain centers until the well-known epileptic convulsions result. The first essential condition of epilepsy is a unique characteristic of the epileptic's blood, consisting in the faculty to absorb and store up in the blood toxins derived from waste and food products and from other sources of infections present in the patient, and not less so from products of a perverted internal secretion. In the normal, non-epileptic individual this pathological characteristic does not exist and the blood eliminates foreign matter. One agency active in this process is the leucocytes (white blood corpuscles), which are the scavengers of the body, so to speak, surrounding, enveloping and devouring unhealthy matter until the same is finally disposed of as waste.

But the epileptic retains these poisons until intoxication is sufficient to elicit epileptic symptoms. The blood of the healthy animal possesses the protective faculties incidental to normal metabolism, for which reason permanent infection with epilepsy is impossible, as will be shown. Epilepsy cannot be acquired by animal or man whose blood lacks the affinity for toxins, which is the essential element of epilepsy. This epileptic metabolism, a perverted, pathological condition, is not communicable.

When the blood serum of an epileptic is injected into a healthy rabbit after proper preparation of the animal, convulsions epileptic in appearance, but in reality epileptoid, that is, epileptic-like, will develop. The animal does not acquire epilepsy, and will not have another attack beyond the toxicity of the injected poison, another injection being necessary in order to repeat the attack. Failure to permanently engraft epilepsy is due to the absence of the mentioned unique characteristic of the epileptic blood, the poison-attractive faculty, which we have termed the "epielpto-attractive principle."

This characteristic endows the patient's blood with a ferment which we have isolated and which is capable to produce as well as to inhibit epileptic seizures. Contrary to germ disease, this fer-

ment has no influence upon the non-epileptic and does not possess the faculty to multiply and establish itself in the system.

In order to prove that epilepsy is caused by the presence of this ferment, and not by a germ, we performed countless laboratory experiments upon rabbits for many years. The results are clear, and may be epitomized as follows:

The intestines are known to be laden with millions of germs, most of them harmless (perhaps due to acquired tolerance on our part), of which, I believe, Mechnikoff has isolated several thousand varieties.

The germ which has been found (first by Bra) in the blood of some epileptics and erroneously thought to be the specific germ of epilepsy, appears to be one of these thousand varieties of intestinal bacilli, always present in the system.

Due to the before-mentioned "epilepto-attractive principle" of the blood, germs may be seized in the same manner as other toxins and thus find their way into the blood stream. They are not the cause of epilepsy, but an incident.

A good illustration of the manner and effect of germs gaining entrance to the blood under the influence of a diseased metabolism is afforded by the history of typhoid fever. Ordinarily the typhoid germ has its habitat in the intestines, where it is most abundantly present. But when these germs find access into the blood in appreciable numbers (due to a disarranged metabolism) the non-epileptic typhoid patient will have epileptic-like attacks. This condition is known to physicians as the "epileptic state of typhoid." Despite the co-existence of the epileptic-like seizures and the typhoid germs, no one would say that the typhoid germ is the specific organism of epilepsy, and there is no better justification to ascribe this role to any thus far discovered germ.

And still further proof: It is universally known that disease germs in their active state, that is, alive, when injected into animal or human being, are capable of producing the disease for which such germs are responsible.

For instance, the injection of a solution containing the live tuberculosis bacilli, when injected into man under favorable conditions, will produce tuberculosis. If, however, a solution of dead germs be injected, the disease will not be communicated, the inoculation remaining negative.

Proceeding upon these elementary principles of bacteriology we have treated solutions of epileptic's blood serum, producing an absolutely germ-free, sterile solution, one which contained no germ capable of producing epilepsy or any other disease.

Nevertheless, this fluid contained the *toxic ferment*, that is, the particular poison which produces epilepsy. Upon injection of this fluid into properly prepared animals we were able to induce epileptoid attacks at will, thereby proving that the responsible element of epilepsy is not a specific germ, but a toxin derived from the uneliminated poisons of the patient's economy.

Disregarding the hemotaxic etiology of epilepsy, championed by me for years, some practitioners attempted to benefit epileptics

by abdominal surgery, which, in the light of actual results, should truly be termed abominable surgery. They aimed to cut out the supposedly offending organ, or to straighten an intestinal kink in order to facilitate elimination of bowel contents.

In view of the fact that the epileptics' blood draws from any available source for epileptongenic neurotoxins, such procedure is unsound theory and dangerous practice, even more impotent than trephining for epilepsy.

The overwhelming, dismal failures that have followed this form of treatment should be the strongest argument against the same. I venture to say that none of the advocates of this form of treatment would be willing to submit case records for investigation. I say this after having placed myself in position to positively know of the disastrous consequences following—disastrous because such operations have made the epileptic less amenable to other treatment, having truly made them incurable because the surgery inflicted upon them constitutes a shock, perverting the functions of internal secretion and thereby placing a permanent obstacle in the road to normal metabolism. These were the cases that failed under serum treatment. I say this as a protest against a practice which has induced many trusting patients, while grasping at the straw of despair, to submit uselessly to such operation; as a protest against a practice which logically, practically, and by experience abundant beyond belief, has proven worthless. Epileptics who have not remained as bad as they were have surely been made worse by the operation. Deeper reasoning and research make it apparent that all forms of treatment not based on the *specific* pathogeny of epilepsy must be doomed to failure.

In the new serum treatment for epilepsy the fact has been emphasized that the serum completely supplants all bromides and sedatives, unclouds impaired mentality, decreases the severity and frequency of attacks. This has been the case in 70 per cent of all cases treated. Very few have completely recovered if cessation of attacks for periods long beyond the usual time, by discontinuance of all treatment, may be called a cure.

A REPORT OF SOME UNUSUAL CASES OF DISEASE OF THE NASAL ACCESSORY SINUSES.*

By John R. Winslow, M.D.,
Baltimore.

IT has been my fortune during the past few years to have encountered a number of cases of nasal accessory sinus disease presenting such unusual characteristics that I have felt them to be worthy of your consideration and discussion.

Case I.—*A case of congenital membranous obstruction of both choanae, complicated by unilateral endonasal atresia and double*

*Reprinted from the *Annals of Otology, Rhinology and Laryngology*, September, 1915.

suppurative sphenoethmoiditis. Operation. Practical cure. Miss Emma S., aged twenty years, was referred to me by Dr. Wayland Frames, with the history of being unable to breathe through or blow the right nostril; she could inadequately breathe through and inefficiently blow the left nostril.

This condition was attributed by the patient to scarlatina, occurring at the age of ten years, but the underdevelopment of the choanal structures, later discovered, leads me to consider it congenital.

The patient was pale, thin and underdeveloped. She suffered from headache, and her general health was poor. Sense of smell lost. Hearing normal. Said that she had been operated upon unsuccessfully by two surgeons.

Examination.—External nose small; complete atresia of the right naris from a point about one inch within the nostril to the choanæ, this being due to cicatrical adhesions from the floor to the attic of the nose, with the exception of a minute canal at the floor of pinhead caliber, extending to posterior nares. Floor of nose covered with albuminoid mucus.

Left naris obstructed by a deviated septum and bony spur at its middle third.

Examination with the postnasal mirror showed obstruction of both postnasal orifices by a diaphragm, the right one having a small perforation at its lower septal attachment, and the left one having two perforations, one about the middle along the septum and another just above it.

Operation.—December 12, 1912, from half-past two to four o'clock in the afternoon. An injection of Schleich adrenalin solution was made into the cicatricial area at various points. Powdered cocaine being applied along the turbinals, a probe was inserted into the pinhole fistula, followed by a probe-pointed bistoury, which cut upward along the septum and choanal edge.

A dense synechia between the middle turbinal and the septum was severed with a rectangular knife, and the middle turbinal was resected with Sluder's knife and the snare. Upon removal of the middle turbinal a large gob (one-half ounce) of mucopus dropped upon the floor of the naris. Removal of the turbinal exposed an opening into a large cavity, the sphenoid, whose anterior wall was necrotic.

The ethmoid cells were exsected with Grünwald's forceps and the necrotic anterior sphenoid wall removed. Frontal sinus and antrum were not molested. The right choana was found to be undeveloped and could not be greatly enlarged.

The naris was packed with gauze strips for three or four days, and the patient then furnished with a long splint of guttapercha for daily insertion, after syringing the nostril.

On February 13, 1913, an attempt was made, under cocaine anesthesia, to cut the two perforations of the left diaphragm into a single one, with a long probe-pointed tenotome and biting forceps; at the same time the bony spur at the middle third of the septum was removed with Hajek's chisel. Dressed with a long

rubber-covered Simpson splint. The patient was kept under observation until March 12, 1914.

At this time she breathed well through the right naris and could blow the same. There was little discharge, and that mainly in the morning. Her general health was greatly improved. She could inhale through the left nostril, but had difficulty in blowing it. The postrhinoscopic picture showed a triangular opening at the lower septal side of the right choana.

By anterior rhinoscopy the movements of the pharynx could be seen through this.

On the left side was a single perforation about the middle of the membrane; the lower portion of the obstruction had not been removed.

The left side was not free, and the patient complained of suboccipital headache upon this side. Upon probing the anterior sphenoid wall felt carious and operation was advised.

On December 18, 1914, the patient was etherized, and in the semirecumbent position the posterior half of the left inferior turbinal was removed with scissors and snare, and the middle turbinal with Sluder's knife and Grünwald's forceps.

Turbinal remnants and the posterior synechia were removed with the largest Grünwald, under the guidance of the finger inserted into the nasopharynx.

After completion of the operation the tip of the index finger could be inserted well into the left choana. An attempt was made to further enlarge the right orifice, but the bone was too dense to be cut. The left anterior sphenoid wall was carious and easily removed with sphenoid forceps.

A long rubber-covered Simpson splint was used for twelve hours, and subsequently a cotton-tipped applicator passed often enough to prevent closure of the opening.

Present Condition.—Following these operations, with the assistance of tonics, the patient improved greatly in her general health, and her weight, which had never exceeded ninety-five pounds, increased to one hundred and ten pounds; her appetite is good.

Her nasal breathing is excellent, and she can blow both nostrils satisfactorily. Headaches have disappeared. No pus is present in either nostril.

Both nostrils are free and the movements of the posterior pharyngeal wall can be seen through each side. The sphenoid openings are large and the interior of each sphenoid cavity can be inspected and probed.

The postrhinoscopic picture shows a moderate sized triangular opening to the septal side at the floor of the right choana, and a vertical ovoidal opening upon the left side, smaller than normal, but for all purposes adequate.

It seldom occurs to any one man to see many cases of congenital choanal obstruction. Some experienced observers have never seen a single case. The complications add to the rarity and interest of this case.

Case 2.—A case of melancholic dementia due to chronic sphenoethmoiditis. Cured by operation. Mrs. Fred S., aged thirty-one years, married, one child, was first seen by me on February 10, 1907, complaining of inability to breathe through the right nostril. No discharge. Sense of smell lost.

Neuralgic pain at right temple and over right eye. No asthma. Left nostril at present clear, but she has had polypi removed from both nostrils. Whenever her nose becomes stopped she suffers from mental depression. Some years ago she lost her mind temporarily and was a resident of one of our insane hospitals. Duration of condition, seven years. At present she is sane, but peculiar and eccentric, with a coarse, masculine voice. At times preceding her menses she exhibits epileptiform convulsions.

A polyp was removed from the right naris at this visit.

Patient was not seen again until February 26, 1908, when several polypi were removed from the right nostril, also in June, same year.

On December 17, 1909, she returned, complaining of severe headache, at times almost intolerable. Multiple small polypi were found in the left nasal attic and a medium-size polyp in the right naris.

On December 21 an anterior ethmoidectomy was done on both sides with Luc's forceps, and the nasofrontal ducts probed.

Early in the operation the patient had an epileptiform convulsion and collapse, requiring the use of stimulation. The operation was completed (cocain anesthesia), when the patient became unconscious and remained so for several hours; pulse and general condition good. She then disappeared until May, 1913, when she returned, complaining of return of headache and mental depression.

Multiple polypi were found in both nostrils and a diagnosis of chronic sphenoethmoiditis was made.

May 12, 1913, multiple polypi were removed from both nostrils and the ethmoid cells exenterated with Grünwald's forceps and Worthington's curettes.

The anterior wall of both sphenoids was removed. The patient fainted many times during the operation, under local anesthesia, and at the termination became unconscious and remained so for two hours.

She was seen at intervals until November 4, 1913. At this time she had had no headaches and her mental condition was normal. No polypi were present and both sphenoids were wide open and accessible to treatment.

Subsequently the patient left to take up her residence in Texas. The climate, however, did not agree with her, and she returned to Baltimore, and was seen by me on July 20, 1914. At this time I removed a large polyp from the right nostril and several small anterior polypi from the left. Both sphenoid fistula were wide open, exposing the interior of the sinuses.

The patient has been seen at irregular intervals since, and was examined January 26, 1915.

She was in splendid general and local condition; looks and feels well; her voice is much softer and more feminine.

She is conscious of a change in herself and no longer feels and acts "queerly," as she formerly did. She rarely has fits of depression.

Although the influence of nasal conditions on the mental faculties was recognized by the ancients, I am convinced that cases of mental disease are at times classed as "incurable" without adequate examination of these regions.

Although an inmate of one of our best conducted institutions, as far as I can learn from a most careful inquiry, no examination of the nose by an expert was ever made or suggested in this case.

Case 3.—A case of suppurative sphenoethmoiditis simulating ozena and causing mental confusion, impaired memory, intense headache and blurred vision. Cured by operation. Miss Rita T., aged twenty-four years, single, consulted me on January 17, 1912, with a discharging left ear, mastoid tip tenderness, but normal temperature. After a free myringotomy and under suction irrigation with Fowler's douche, the condition cleared up in eleven days without further operation. During this attendance I learned the following history:

Patient had suffered for years from a loss of sense of smell, associated with a scabby discharge of foul odor, unless the nose was kept clean; this was told me by the patient and spoken of by her friends.

She suffered also from headaches of a mixed form, at times neuralgic in type, temporal and supraorbital in location, at other times dull and suboccipital, and again a combination of the two. These headaches had no relation to the menstrual periods.

When suffering from these attacks her vision was frequently blurred, and at times she exhibited a dazed mental confusion, so that she did not know in which direction to go. This syndrome she terms "spells." On one occasion she had manifested embarrassed respiration and loss of consciousness for about an hour.

Upon examination both nostrils were found to be filled with moist scabs; the left inferior and middle turbinates were atrophic. Upon aspiration, after cleansing, pus was seen exuding from the sphenoid, whose outer wall was covered with granulations. Probing caused pain similar to the suboccipital headache to which patient was subject. No ostium sphenoidale could be found. Creamy pus was seen trickling over the head of the left middle turbinal.

On March 13, 1912, under twenty per cent. cocain, the left middle turbinal was removed with Luc's forceps, and granulations and bone curetted from the anterior sphenoid wall.

As no ostium could be found, further operation was postponed and the nose was packed with gauze strips. The patient endured the operation well and left the operating-room in good condition.

Some fifteen minutes later she began to exhibit convulsive seizures of an epileptiform character.

This seizure being typical of others which followed later, I shall describe it somewhat in detail. The patient was unconscious with pupils widely dilated. Her forearms were contracted, fists tightly clenched and legs drawn up against the abdomen. She would continually thrash her arms about from side to side, striking herself or anyone within reach, unless restrained. At times the body would assume a condition of opisthotonos. The respiratory movements increased in rapidity until a condition of apnea ensued. The patient would then hold her breath until one began to wonder whether she would ever breathe again.

A slow inspiration would then occur, followed by increasingly rapid breathing and a repetition of the cycle (Cheyne-Stokes).

During this time the pulse, though rapid, was good. This seizure lasted about five hours, was of a most alarming nature, and the convulsions could only be controlled by etherization. At the end of the attack the patient suddenly regained consciousness.

The nature of this seizure will be discussed later on.

March 14 the nasal packing was removed, and by March 26 all wounds had healed.

Treatment of the mucous membrane with a pigment of thigenol was begun, and the patient put upon Blaud's pills, fresh air and rest.

She was very nervous, with twitching muscles, and on one or two occasions had fainting spells. When seen on April 29 the nasal mucous membrane was much improved, presenting a small amount of clear mucus resembling syrup. She had had no suboccipital or severe headache. Was very nervous and went away for a two weeks' change. After her return she was seen and treated at varying intervals until December 11, 1912, when she reported that she had had no return of her "old headaches," her nerves were much better, and she no longer had "spells."

The nose was quite clean, contained no crusts and only a small amount of mucopus in the anterior ethmoid region. The patient was furnished with a nasal syringe douche for home use and treated at the office at increasing intervals until June 25, 1913.

At this time she stated that she had had a terrific suboccipital headache the preceding day, and on several occasions previously, sometimes in morning and sometimes in evening. By systematic probing I finally discovered the ostium sphenoidale situated high up and far around to the septal side of the anterior wall of the sphenoid. This was a very narrow opening leading into a large cavity, lying partly upon the opposite side of the septum. The bone within the sinus felt and sounded bare.

Opening up of the sphenoid was advised, but deferred by the patient.

On September 16, 1913, she returned, complaining of dull headache on left side, mental depression, loss of memory and confusion in orientation. Operation was insisted upon and performed

under local anesthesia, duration about three-quarters of an hour. A large sphenoid sinus was opened up, and overlapping this to the outer side a large posterior ethmoid cell containing pus.

Convalescence was prolonged and attended with severe suboccipital headaches and general weakness. On October 22 she reported that she had had no headaches for a week and felt fine. No mental confusion since the operation. Headaches became less frequent and severe and changed their type from suboccipital to vertical.

On January 28, 1914, she reported that she had been without headache of any kind for ten days.

On that day she had a slight dull pain on the left side of the head; this was relieved by cocaine carbolic application within the sphenoid cavity.

On March 6 she complained of a severe hemicrania on the right side, which was relieved by cocainization of the right and left sphenoid (Sluder's method). Four days later a milder attack was benefited in the same way.

Shortly afterward the patient was seized with pain and swelling over the appendix and was confined to the house, but no operation was done. This appendicitis was probably secondary to the nasal suppuration. She has had no subsequent attack.

On May 23 the patient reported that she had had no trouble at all for six weeks; had increased in weight and "felt better than she ever did in her life." Her looks confirmed this statement.

She reported again on July 13 with a recurrence of headache on the left side, which was found to be due to a protuberant mass of granulations which was removed from the sphenoid fistula.

On October 13 she reported that she had been having severe suboccipital headaches, mostly on the right side.

About one week previously she found that she could not use her left limb upon awakening, but this passed off during the day. She also told me that about one year before this she had a similar attack on the right side in a "movie parlor" and had to ride home in a taxicab. The first attack lasted for a period of six days, during which she was confined to bed.

At this period I had visions of a latent brain abscess. The alarming symptoms did not recur, and I insisted upon operation on the right naris.

This nostril presented the following condition: Considerable sticky mucopurulent secretion from hyperplastic ethmoiditis, the hypertrophied middle turbinal being so tightly jammed against the septum that a fine probe could scarcely be forced between them. Under cocainization the probe could be passed into the right sphenoidal ostium.

A radical sphenoethmoid operation was done on November 3, 1914, by Mosher's method, under ether; time about one and one-quarter hours.

The ethmoids were somewhat sclerosed and shallow. The sphenoid was of medium size and the ostium higher up and

farther to the ethmoid side than normal. This was enlarged by the usual method, and the left sphenoid fistula, which had somewhat closed, was reopened.

Ether anesthesia was employed under the idea that the convulsive seizure of the previous operation may have been due to cocaine intoxication. Notwithstanding this, the usual epileptiform convulsions occurred, although by no means as severe nor of as long duration (about four and one-half hours).

These also could not be controlled by repeated etherization. As before, the Cheyne-Stokes respiration was exhibited. Shortly after the operation a hemorrhagic effusion occurred into both eyelids of the right eye, closing the eye and causing a black eye that lasted for some weeks.

At the first dressing on November 10th a slight tendency toward convulsive movements was noted, but no further consequences ensued, and the patient left the hospital on the following day.

From this time she had progressed favorably, gaining flesh and strength, assisted by tonics, and on January 28, 1915, stated that "she had never felt as well in her life."

Patient returned on February 5, 1915, complaining of a bad headache located at the posterior portion of the vertex.

There was no congestion nor swelling within the nose, and drainage was unimpaired. A one per cent. carbolized oil distillation was made into each sphenoid cavity, and the headache disappeared the same evening.

She was not seen again until February 23, when she reported that she had had no trouble for two weeks and never felt as well in her life. There was little nasal secretion, the sphenoid fistula were wide open, and the interior of these cavities loked dry and healthy.

Regular treatment was stopped at this time.

Six weeks later (about April 1) patient reported that she had had no trouble until that day, when she had a slight headache.

An instillation of two per cent. carbolized oil was made into the sphenoids, and the patient has not been heard from since.

Of course I am aware that the word cure cannot be employed in an absolute sense in a case of this kind, and that she will always have to devote attention to her nose herself and be kept under observation.

Aside from slight and occasional headaches, all serious symptoms have disappeared; her general and nervous condition is excellent; she has gained in weight, feels well and looks well.

Several interesting questions arise in connection with this case.

What was the nature of the impairment of motion of the legs, described by the patient as occurring on two distinct occasions?

In a person of her neurotic temperament, hysteria might well serve to explain this and subsequent nervous phenomena, and the short duration and spontaneous recovery without serious consequences would seem to substantiate this view. And yet I must

confess that I was much alarmed when I learned of these occurrences, and feared brain abscess or other grave cerebral conditions. Unfortunately, I was not summoned at the time and had no opportunity of observing the attacks.

Efforts to secure a neurologic consultation did not meet with the approval of the patient's parents, as the condition was so transitory and there were no ill after-effects.

What was the nature and significance of the epileptiform seizures following each operative manipulation? The first attack I was inclined to attribute to cocaine intoxication (twenty per cent.) and nervous excitability; but the pulse was good; there was no cyanosis, and there was no sweating nor clamminess of the skin. Moreover, a similar attack occurred under ether anesthesia. Observation of the seizures with the violent movements of the arms and legs, and opisthotonos, suggested hysteria, but she was unquestionably unconscious, and would have injured herself had these movements not been controlled.

In my opinion, hysteria does not account for all of these nervous phenomena; but there was some irritation of the higher centers of the brain and cord, originating in the nose and transmitted through the nasal branches of the fifth nerve.

Some suggestion of an epileptic inclination was afforded by the general tonic and clonic spasms, and loss of consciousness.

In this connection the "spells" manifested at times by the patient should be considered. These were attended with mental depression, impaired memory and mental daze, with and without headache.

Upon her visits I frequently noticed that the patient seemed in a condition of great nervous tension, manifesting spastic contraction of the arm and leg muscles, and at times the face. Could these manifestations be regarded as "epileptic equivalents" originating in the nose from reflex irritation or toxic absorption, and acting in the brain?

The headache in this case was of a complex type, and due partly to toxic absorption, partly to reflex irritation from pressure contact and pus retention, but largely to irritation of the sphenopalatine ganglion, as proven by the result of the local treatment.

Amblyopia was a part of the syndrome which she designated as "spells." This existed only during the attacks, and in the intervals vision was normal.

This is one of the commonest of the many ocular complications of sinus disease, especially the posterior ethmoid and sphenoid sinuses. Its cause is not well understood, by some being attributed to pressure and reflex irritation, and by others to absorption of toxins.

Case 4.—A case of fracture of the skull involving the left frontal sinus, roof of orbit and nasal wall, producing a self-performed Killian operation. Exposure of the brain. Subsequent infection and empyema of the frontal sinus, draining through the nose. Operation—cure. James S., a colored man, aged thirty-

four years, of rather low intelligence, was referred to me by my colleague, Dr. S. K. Merrick.

He had been admitted to the surgical department of the University Hospital on October 30, 1913, with the history that in the preceding June he had run into a post while playing "catcher" in the dusk.

This was followed by neuralgic pain in the head and pain in swallowing, which symptoms improved later on.

Upon entering the hospital he exhibited a swelling in the frontal region and marked edema of the eyelids of both eyes, especially the left. This had existed for about ten days.

Temperature and leucocytosis were normal. Also eyegrounds and pupillary reaction.

A radiogram taken at this time showed large, unusually clearly defined frontal sinuses, with no evidence of the conditions subsequently found.

Noticing a foul odor and profuse purulent discharge from the nostrils, the case was transferred to the nose and throat department for treatment.

Examination of the nose at this time showed obstruction of both nares, the left naris being almost blocked above by a greatly deformed septum; probing discovered bare bone. Both nostrils contained moist scabs of a foul odor, and a profuse purulent discharge existed on the left side.

External frontal operation was determined upon, and performed under ether (vapor apparatus) on November 28, 1913, with the assistance of Prof. Merrick and Dr. Stem.

Owing to the great infiltration of the supraorbital tissues, I incised very slowly and carefully through these, and not encountering bony resistance at the usual depth, by the use of the probe I discovered that the anterior sinus wall was missing; I also found the sinus cavity to be filled with granulations, and could not detect the bony resistance of the posterior wall. Very cautiously the mass of granulations was removed and the sinus cleaned and dried. It was then seen that the greater part of its posterior wall was destroyed and the cerebral dura exposed over an area as large as a twenty-five-cent piece.

At the lower inner angle of the sinus a loose mass was detected, which, with a little manipulation, was extracted; this sequestrum measured about one and one-half by one-half inches, and upon study proved to consist of the left nasal process and a portion of the nasal bone, together with the inner portion of the lower orbital rim and floor. I also removed a loose piece of bone from the top of the nasal septum, and fragments from the floor of the frontal sinus.

After cleaning up the operative field, upon careful examination I observed at the upper inner angle of the sinus a gray convoluted area, which resembled and which proved to be anterior frontal convolutions. These were exposed over an area as large as the little fingernail and were denuded of dura matter.

This fact was substantiated at the time of operation by a general surgeon who was present, and subsequently during the dressing by another experienced general surgeon.

The operation was completed and the nasal wound closed, but the frontal was left wide open. Upon applying the dressings I remarked to my assistants and students that I did not expect the patient to survive forty-eight hours.

The following day he showed little effect from the operation, and, in fact, I was told that he had gotten up in the night and attempted to go to the toilet unassisted. The dressings were changed the following day and daily thereafter as long as necessary—subsequently at longer intervals—by myself or my intern, Dr. Stem.

For a time there was considerable swelling and soreness of the left forehead above the sinus region, and much pus could be stripped down by pressure. On two occasions sequestra of considerable size worked their way slowly downward into the wound area and were removed.

No general symptoms of interest were manifested until December 19, 1913, when the temperature rose to one hundred and two degrees and cough developed, marking the onset of a bronchopneumonia, through which he was successfully piloted by my colleague, Professor Zueblin.

The patient remained in the hospital and was dressed at suitable intervals until June 4, 1914.

The only noteworthy occurrence during this period was exposure to a case of smallpox, necessitating the quarantining of himself and the entire ward.

At the time of his dismissal the patient was going about doing odd jobs around the hospital.

The greater part of the wound had closed, and the skin of the forehead had been turned in and had covered over the exposed brain.

There was a slight mucous or mucopurulent discharge at the lower inner angle of the fistula.

The patient dressed this himself with a piece of gauze and adhesive plaster.

He also used an alkalin nasal douche with a syringe.

Having in mind an ultimate plastic operation, which I hesitated to perform at the time, and wishing to keep this case under observation, he was retained as orderly in one of the wards of the University Hospital. He was seen from time to time, and upon one examination I discovered an empyema of the left anthrum and a right nasal sequestrum.

The frontal wound was in good shape and required little attention.

He was last seen early in April, 1915. I was preparing to correct the nasal and antral conditions, when for some infraction of discipline he was dismissed from his position.

This was nearly two years from the date of injury and one year

and four months from the date of operation. Of this time (one hundred and eighty-four days) six months were spent in the hospital.

I am aware that there may be some question as to the origin and nature of the conditions present in this case. Personally I am convinced that a traumatic fracture of the frontal bone and both walls of the frontal sinus, associated with fracture of the nasal process and orbit occurred. Also of the nasal septum.

Subsequently the sinus became infected from the nose, setting up an empyema, which would have resulted in serious consequences but for the excellent drainage which was afforded by the accident.

I am led to this belief by the definite history of injury and the clean-cut appearance of the sequestra removed. Also the absence of a syphilitic causation, established by a negative Wasserman—not once, but on several examinations.

Another question which I would like to hear discussed is as to the proper line of conduct in a case of this kind. Granted that all sequestra had been removed and that suppuration had ceased, would it be good judgment and conduct to dissect up the skin and attempt to correct the deformity by a plastic operation, or would it be wiser to "play safe" and let it alone?

In conclusion, I hope that these case histories have proven of sufficient interest to justify their presentation and the use of the term "unusual" employed in the title of the paper.

A Handbook of Infant Feeding. By Lawrence T. Royster, M.D., Attending Physician Bonney Home for Girls and Foundling Ward of the Norfolk Society for the Prevention of Cruelty to Children; Physician-in-Charge of King's Daughters' Visiting Nurse Clinic for Sick Babies. Illustrated. St. Louis: C. V. Mosby Company. Cloth, $1.25 net. 1916.

This book is along simple, practical lines, and is an epitome of what is the practices of the day. As such it should wield a potent influence in creating a better understanding of the principles of infant feeding, both the normal and the diseased child. At one time there was too great a tendency to treat all artificially-fed children of a given age with an unvariable formula. The common sense of the profession has demonstrated the futility of feeding children in this manner, the digestive apparatus of one child taking care of a much stronger cow's milk than that of another, so that today when a child for one reason or another must be taken off the breast, the physician in charge must be versed in the method of supplying a substitute food. Royster approaches the subject in as simple and practical method as could be desired. Stripping the book of statistics and getting right down to the kernel of artificial feeding, he succinctly and compactly tells what are the practices of the modern pediatrists in this line, and anyone needing a book of this character will be pleased with the volume before us.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

Associate Editors:

THOMAS R. BROWN, M.D.
HUGH H. YOUNG, M.D.
RICHARD H. JOHNSTON, M.D.
JOSE L. HIRSH, M.D.
A. SAMUELS, M.D.

BALTIMORE, DECEMBER, 1916

THE FIRST EXAMINATION OF THE NATIONAL BOARD OF MEDICAL EXAMINERS.

THE first examination of this board was held in Washington, D. C., during the week of October 16 and lasted six days.

The examinations were both written and oral, as well as practical in the wards of hospitals and in the Government laboratories. They were very rigid.

There were thirty-two applicants, from seventeen States, representing twenty-four medical schools. Sixteen were accepted as having the necessary preliminary and medical training—only ten men, however, took the examination, and of these only five passed.

Four applicants were from Rush; two passed and two failed.

Three from Hopkins, two passed and one failed.

One from Michigan passed.

One from Bellevue and one from Howard failed.

This is a small beginning of what, we hope, may be a great institution. At present there are at least fifty bodies claiming jurisdiction over medical education and licensure. It is impossible to obey so many masters. The medical schools are harassed by various boards with divergent standards. It is essential that we have a central body with standards that will be satisfactory everywhere. At present the examinations of this board are purely voluntary. We would be glad to see them compulsory.

The next examination will be held in Washington in June, 1917.

THE KINEMATOGRAPH IN RELATION TO MEDICAL INSTRUCTION.

Medical teachers and lecturers are quick to make use of any scientific discovery that promises to be of service in elucidating their instruction. Diagrams and drawings have largely given place to lantern-slide demonstrations, and the tendency now is to supplant in many cases static, with moving-picture illustrations.

There are many advantages in this method; there is one great disadvantage, which is its cost. Probably as the process becomes more used it will also be available at a much smaller outlay than at present.

The first time the writer had the opportunity of seeing this method applied to a medical subject was at the meeting of the Southern Surgical and Gynecological Association in 1911, when Dr. Rudolf Matas, in his presidential address, exhibited moving pictures of normal and pathological conditions of the blood, as well as of surgical operations. It was certainly instructive in the highest degree to view the circulation of the blood in the vessels as plainly as if seen through a microscope. Not only instructive but gruesome was it to see the spirochetae of syphilis also circulating in the blood and contaminating this life-giving fluid.

More effective, perhaps, than the diatribe of a vice-crusader is such a demonstration.

A great field of usefulness of this invention is the accurate reproduction of many of the phenomena of disease, especially those of a convulsive or spastic condition of the muscles, and the demonstration of surgical procedures.

The foregoing remarks have been suggested by the exercises of two very delightful meetings of the Baltimore City Medical Society, held recently in this city. At a joint meeting of the Baltimore City and Baltimore County Medical Societies, held on November 10, Dr. Fred H. Albee of New York made a most entertaining address upon his experiences and observations in England and France, and he exhibited motion pictures of injuries and mutilations of an unbelievable character, from which the

patients were rescued, with, in many cases, a very moderate deformity or disfigurement. One reel showed Professor Laurent removing a piece of shrapnel from the heart of a soldier, and, in answer to a question as to the result of the operation, the patient was shown, standing before the audience, smiling and bowing and dressed in his full uniform. He took a stickpin from his scarf and held it up for inspection. It was made from the piece of metal that had been imbedded in his heart.

Other reels showed the effects upon the nervous system of soldiers who had been long in the trenches and had received no actual traumatisms. These men were suffering from spastic conditions of the extremities; some could not walk; others had contractions of muscles or palsies.

Not less interesting was the kinematographic reproduction of bone-grafting operations performed by Dr. Albee himself. At the meeting held November 17 a reel showing a thyroidectomy by Dr. Charles H. Peck of New York was exhibited. Dr. Peck was not present himself, but we were able to attend his clinic without the cost and trouble incident upon a trip to New York. This is one of the great advantages of this method. Medical societies that may not be able to secure the presence of distinguished lecturers, and individuals who may not be able to visit the great clinics, may, nevertheless, enjoy and profit by the work of the masters in their own halls at home.

Dr. Howard A. Kelly also demonstrated the steps of an abdominal hysterectomy as performed by himself.

While we have had numerous lantern demonstrations, which in main are very satisfactory, these moving-picture illustrations are an innovation in our society programs and one that we are sure will be frequently employed in the future. It means a well-attended and live society instead of what is frequently a dull and sparsely-attended meeting.

Medical Items.

The twelfth Maryland Conference of Charities and Corrections was held at the Emerson Hotel in conjunction with the Delaware and District of Columbia conferences, November 14, 15 and 16.

At the meeting of the Baltimore City Medical Society, November 3, infantile paralysis was discussed by the health authorities and P. A. Surgeon James P. Leake of the United States Public Health Service, who spoke on the epidemic in New York.

A report on necropsy findings, with an exhibition of specimens, was made by Dr. John F. Hempel of the Health Department. Dr. John D. Blake, Health Commissioner, also spoke, telling how the Health Department handled the situation in Baltimore.

The National Board of Medical Examiners held its first examination from October 16 to 21 in Washington, D. C.

There were 32 applicants from 17 States, representing 24 medical schools, and of these 16 were accepted as having the necessary preliminary and medical qualifications, 10 of whom took the examination. The following men passed:

Dr. Harry Sidney Newcomer, Johns Hopkins University.

Dr. William White Southard, Johns Hopkins University.

Dr. Orlow Chapin Snyder, University of Michigan.

Dr. Thomas Arthur Johnson, Rush Medical School.

Dr. Hjorleifur T. Kristjanson, Rush Medical School.

The second examination will be held in Washington, D. C., June, 1917. Further information may be had by addressing Dr. J. S. Rodman, secretary, 2106 Walnut street, Philadelphia, Pa.

Dr. G. Milton Linthicum, captain in the Medical Corps of the Fifth Regiment, is at home on a 30-day furlough. While he was on the border he was connected with the new Eagle Pass Hospital.

Dr. Thomas B. McDonald, Cumberland, is in a critical condition from a general breakdown brought on by the shock of his little daughter's death from infantile paralysis.

The regular meeting of the Medical Society of the University of Maryland and College of Physicians and Surgeons was held Tuesday, November 14, 1916, at 8 P. M., at the Chemical Hall, Lombard and Greene streets.

Dr. Martin E. Rehfuss spoke on the "Problems in Gastro-Intestinal Diagnosis," with a discussion of recent methods employed in the study of these conditions. Dr. John C. Hemmeter spoke on "Water Metabolism of the Body."

The meeting was followed by an election of officers for 1916-1917.

The friends and associates of Dr. J. Percy Wade commemorated the twenty-fifth anniversary of his services at Spring Grove Hospital by tendering him a dinner at the Baltimore Club on the evening of October 26.

Dr. Wade was appointed assistant physician at the hospital on October 26, 1895, and became superintendent April 15, 1896.

It has been announced that the United States Government will pay Baltimore $176,775 for the quarantine station, and the money thus obtained will be devoted to the establishment of a general municipal hospital.

Dr. Thomas L. Richardson and the other physicians at the station will be retained by the United States Public Health Service, which will operate the station. The city is to have the privilege of sending smallpox patients to the quarantine at the charge of $1 a day per patient.

At the monthly meeting of Mercy Hospital House Staff Medical Society, interesting papers were read by Dr. Erwin E. Mayer, Dr. Lucien R. Chaput, Dr. George L. McLean and Dr. G. R. Post.

Dr. C. A. Clapp of 513 North Charles street was among the local doctors attending the annual meeting of the American College of Surgeons, held at the Bellevue-Stratford, in Philadelphia.

Dr. J. C. Bloodgood of Baltimore attended the Tenth Annual Session of the Southern Medical Association, held in Atlanta, Ga., November 13, 14, 15 and 16.

A motion-picture exhibition was held under the joint auspices of the Baltimore City Medical Society and the Baltimore County Medical Society at Osler Hall, 1211 Cathedral street, Friday, November 10, 1916.

Remarkable motion pictures taken in the European hospitals showing the methods of Dr. Alexis Carrel of the Rockefeller Institute

IN PLACE OF OTHER ALKALIES USE

Phillips' Milk of Magnesia

"THE PERFECT ANTACID"

For Correcting Hyperacid Conditions—Local or Systemic. Vehicle for Salicylates, Iodides, Balsams, Etc.

Of Advantage in Neutralizing the Acid of Cows' Milk for Infant and Invalid Feeding

Phillips' Phospho-Muriate of Quinine

COMPOUND

NON-ALCOHOLIC TONIC AND RECONSTRUCTIVE

With Marked Beneficial Action Upon the Nervous System. To be Relied Upon Where a Deficiency of the Phosphates is Evident

NEW YORK THE CHAS. H. PHILLIPS CHEMICAL CO. LONDON

We ask only two questions

before we buy any drug or chemical; the first is "Is it **good** enough?"

And we ask that of our histologist, our analytical chemist, our drug-miller and several other expert judges of drug values on our laboratory staff. If all or any of them say "no"—we reject it. If all of them say "yes"—and each of them knows that to measure up to our inflexible standard it must be strictly "A1"—then, and then only, we ask the second question—"what is the price?"

Quality always comes first.

SHARP & DOHME

since 1860

"Quality Products"

and other distinguished physicians were exhibited. Dr. F. H. Albee of New York was present to explain the films.

Dr. H. C. Hyde announces the removal of his office to 1100 East North avenue.

Dr and Mrs. Joseph Roach have returned to their residence on Park avenue from Blue Ridge Summit.

Dr. and Mrs. Alexander L. Hodgdon have returned from their estate in St. Mary's county, and are stopping at the Albion Hotel.

The University of Maryland has recently obtained the State appropriation of $15,000 for medical education for 1915 and a similar amount for 1916, which, owing to the financial embarrassment of the State treasury, was not paid when due. The whole amount of $30,000 has now been paid.

Isaac F. Nicholson, Baltimore, celebrated his eightieth birthday by giving the Johns Hopkins University $15,000 for the establishment of the Isaac Forester Nicholson Fund, to establish scholarships for needy students from Baltimore or the State of Maryland, and to be used for any other purpose the trustees may desire.

Dr. James A. Nydegger, United States Public Health Service, has resigned the chair of tropical medical at the University of Maryland, as his public health service duties claim his entire time.

Dr. Arminius C. Pole, after many years' service as professor of anatomy in the Baltimore Medical College and professor of descriptive anatomy in the University of Maryland since the merger of the two schools, has resigned.

Dr. William L. Smith, Riderwood, who has been ill for the last six months, underwent a successful operation at the Union Protestant Infirmary in October.

Dr. John H. Von Dreele, Health Warden of the Thirteenth Ward of Baltimore, has resigned.

Dr. Grover A. C. Stem, Baltimore, who is on duty with the German Army on the Eastern front, has been decorated with the Iron Cross by Emperor William.

Drs. Charles H. Peck, Thomas S. Cullen, Lieut. Col. Henry Page, Medical Corps, U. S. A., and Dr. Howard A. Kelly made addresses at the meeting of the Baltimore City Medical Society on November 17.

DEATHS.

Emmet Alvin Welsh, M.D., Shreveport, La., University of Maryland, 1887, aged 52; a Fellow of the American Medical Association; pathologist and assistant superintendent of the State Charity Hospital, Shreveport, died October 6 after an operation for acute appendicitis.

George Bayliss Stillman, M.D., East Cleveland, O., College of Physicians and Surgeons, Baltimore, 1889, aged 64; formerly a member of the Ohio State Medical Association, died in Buffalo October 12.

Frank Cline Ferguson, M.D., Baltimore, Md., University of Maryland, Baltimore, 1901, aged 37, died at his home October 11 from pleurisy.

Percy Guy Davis, M.D., Deerfield, Mass., Baltimore Medical College, 1896, aged 49; a member of the Massachusetts Medical Society, and for several years president of the Deerfield Village Improvement Society, died at his office October 20 from heart disease.

Charles P. Bigelow, M.D., Grand Rapids, Mich., College of Physicians and Surgeons, Baltimore, 1882, aged 92; a veteran of the Civil War; for many years a druggist, died in the Blodgett Memorial Hospital, Grand Rapids, October 14.

Henry H. Whitaker, M.D., Hilliardston, N. C., University of Maryland, Baltimore, 1883, aged 55; formerly a member of the Medical Society of the State of North Carolina, died at his home October 12 from cerebral hemorrhage.

Dr. William Preston Miller, 46 years old, a son of the late Dr. Victor D. Miller, Sr., of Mason and Dixon, died at Hagerstown October 6, 1916, of pneumonia, after a long illness.

He was educated at Mercersburg Academy, the State Normal School at Kutztown, Pa., and graduated from the Baltimore Medical College, where he was a professor of pathology, and the University of Pennsylvania, finishing his course at the latter institution in 1895.

Returning to Baltimore, Dr. Miller took a postgraduate course at Johns Hopkins University. He was associated with Dr. Charles G. Hill, Baltimore, in the practice of medicine, and for two years served as resident physician at the Maryland General Hospital.

Robert G. Van Valzah, M.D., Springfield, Ore.; College of Physicians and Surgeons, Baltimore, 18[illegible]; aged 52; also a druggist; died at his home, September 5, from nephritis.

FELLOWS' Compound Syrup of Hypophosphites

1866—1916

Not a new-born prodigy or an untried experiment, but a remedy whose usefulness has been fully demonstrated during half a century of clinical application.

For 50 Years The Standard

℞ Syr. Hypophos. Comp. FELLOWS'

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

THE FELLOWS MEDICAL MANFG. CO. LTD.
26 CHRISTOPHER ST.
NEW YORK

Book Reviews.

THE MEDICAL CLINICS OF CHICAGO. November, 1915. Volume 1, Number 3. Published Bimonthly. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. Paper, $8 per year.

The more we see of the Medical Clinics the more we like them. Just to give a little insight into the material which they contain, we repeat for your benefit partially some of the remarks of Dr. C. S. Williamson on the treatment of typhoid fever: "Twenty years ago I think it is safe to say that the majority of physicians kept their patients on a strictly milk diet. I was taught to think anything else than milk was rank poison to the patient. He was given milk and nothing else, and not much of that. The result of this sort of treatment was that the patient simply loathed to see the nurse coming down the hall with a glass of milk. He became sick and tired of it. As a result the appetite became impaired and he took just as little as he could, and when he got through he was in wretched nutrition. It became almost impossible to feed them, and patients developed all sorts of complications. We had great difficulty in keeping their mouths clean, bed-sores were common, and we had many cases of furunculosis, and they often got up emaciated in a marked degree. I saw a great many more cases of typhoid as an intern in Cincinnati than I do now, and I made up my mind that when I got through my apprenticeship I would do something besides feed patients on milk alone. Little by little physicians became more liberal in their diet, but the majority of men up to five or six years ago kept their patients principally on milk, giving them, perhaps, others fluids. This was a little better, but during the last four or five years the fashion has swung around the other way. Men are recommending food in quantities—a good deal more than the ordinary diet contains. A man will recommend as much as 4000 or 4500, or even 5000, calories of food a day, which is as much as a man doing the hardest kind of work can consume. I have always opposed the simple milk diet, but I am just as much against the overfeeding. I see no reason why a patient that is running a fever should be fed more than he would if he were up and about. I have never put a patient on a pure fluid diet, but I don't believe in overfeeding either. In the first place, I think a diet consisting of about 2800 or 3000 calories is just about right. That is just about what most of us consume in a day. Is it necessary to keep the typhoid patients on a liquid diet? Emphatically no. The idea was that by keeping the patient on a strictly milk diet the fecal residue would be less, but that is not true. A man on a strictly milk diet will have hard fecal masses just as often as those on a more liberal diet.

"In the first place, I allow them milk if they like it; if they are fond of milk, I often give them half cream and half milk. Our ordinary city milk is not so rich that this is unpalatable. Along with this I give them a lot of milk foods, and I am particularly partial to the ice-cream preparations. One can prepare many different dishes, such as the parfait, the ordinary mousse and the fruit ices. I see no reason why ice cream should not be taken in any form unless it contains large quantities of fruit. I think ice cream should be used much more freely than it is; it is palatable and nearly every patient will take it. Then we have the egg foods.

INFANT FEEDING

In extreme emaciation, which is a characteristic symptom of conditions commonly known as

Malnutrition-Marasmus-Atrophy

it is difficult to give fat in sufficient amounts to satisfy the nutritive needs; therefore, it is necessary to meet this emergency by substituting some other energy-giving food element. Carbohydrates in the form of maltose and dextrins in the proportion that is found in

MELLIN'S FOOD

are especially adapted to the requirements, for such carbohydrates are readily assimilated and at once furnish heat and energy so greatly needed by these poorly nourished infants.

The method of preparing the diet and suggestions for meeting individual conditions sent to physicians upon request.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

IN FEEDING THE SICK

it is not the *quantity* of food so much as the *character* and *acceptability* on which success depends.

This is why

TROPHONINE

(The food delicious for the sick)

is so serviceable for nourishing the sick and convalescent—it supplies the necessary food elements in easily assimilable form and is so palatable to the taste that it will be freely taken when other foods are refused and rejected.

Samples and literature cheerfully furnished

REED & CARNRICK
JERSEY CITY, N.J.

They can be given raw, beaten up with milk, soft boiled, poached or coddled. Fried or hard-boiled eggs are a little too indigestible for an ordinary patient, but a well-made omelet is very good, and I allow a patient to have one once a day if he likes it.

"And then we have the cerals. Any soft cereal can be given. I allow my patient cream of wheat, oatmeal, or anything so long as it is pretty thin. I use milk sugar instead of cane sugar. It is not so sweet as the cane sugar, and, consequently, a patient will take more, and in this way get a good deal of nourishment. In the same way, in a milk punch or eggnogg, you can put in a good deal of milk sugar without making it too sweet. I do not know who first suggested this, but it is useful.

"Then I want to recommend to you the use of soups, but in recommending soups I don't mean what are commonly called slops. Don't give the patients mutton broth or beef tea. The amount of nutrition contained in these is a negligible factor. The best soups are the cream soups, and they can be prepared in a very delicious way. One can even use as heavy a vegetable soup as the cream of pea. These should all be strained through a coarse kitchen towel. I think the cream soups are much too little used. A cream soup, especially if it be given in a cup with whipped cream on top, will make a very delicious food which most patients will take greedily. I don't object at all to potato if given in the form of a purée. A small amount of well-mashed potato is allowable. Various things can be given in the form of purées.

"Jelly preparations can be given, such as wine jelly or the ordinary tapioca mixtures flavored with different fruits. My experience is that a good cook and housewife is almost as essential to the treatment of a case of typhoid fever as the physician. The thing to do in treating a patient with typhoid fever is to see that he comes through in some sort of decent nutrition. It is not much of a compliment to a physician to have a patient come through a fever if he has lost 25 or 30 pounds and it takes him a year to get back into good nutrition.

"The dietetic treatment is all important. I am sure that I have seen patients literally starved to death—their nutrition so poor that they fell victims to some of the numerous complications. The diet I have outlined you gives a very liberal menu, and we can add to it several other things. When asgaragus is in season, I allow them just the tips of fresh, green asparagus or the tips of cauliflower; I see no reason why a patient should not have a spoonful of cauliflower tips if he gets none of the fibrous part.

"Will you give them meat? I have never quite seen the necessity for giving the typhoid fever patient meat.

"The intervals of feeding should be short. I generally prefer every three, or even every two, hours, beginning when he wakes up in the morning and continuing until he goes to sleep at night. The only exception I would make to this would be if the patient was so emaciated that I thought nourishment more important than sleep. But if the patient wakes up during the night, I always try to have the nurse get him to take some food, perhaps a little eggnogg, which is quickly made and may help the patient to get off to sleep again."

It is just such articles as these which constitute each volume of the Medical Clinics. Certainly one can go a long way before he obtains such a clear statement of fact concerning the latest and most approved method of treating typhoid fever from a dietetic

PRESCRIPTIONS A SPECIALTY

Stuart's Pharmacy

Medical and Surgical Goods

1120 W. Fayette St. BALTIMORE, MD.

PHYSICIANS and NURSES SUPPLIED

When you write advertisers, mention the MARYLAND MEDICAL JOURNAL.

NOSE-IONS

ANTISEPTIC AND GERMICIDE

Based on scientific formula. Recommended in Rhinitis, Pharyngitis, Laryngitis, Bronchitis and to prevent Complications of the Respiratory Tract in Hay Fever, Measles, Scarlet Fever, Grippe, Etc.

NOSE-IONS CO.

269 MADISON AVENUE NEW YORK CITY

SAL HEPATICA

AN EFFERVESCING

SALINE COMBINATION

LAXATIVE AND ELIMINANT

BRISTOL-MYERS CO.

NEW YORK

standpoint. After it is read nothing can be added to it or taken from it. The subject is covered, and thoroughly. A new kind of medical literature has come into existence, a literature fraught with the possibilities of great benefit to the practicing physician.

International Clinics. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume III. Twenty-fifth Series. Philadelphia and London: J. B. Lippincott Company. Cloth, $2 net. 1915.

Volume III, twenty-fifth series, International Clinics contains a number of articles worthy of meritorious mention. Dr. Steinhardt is assuredly right when he states in "The Ideal Physician as the Citizen Builder": "This country, like every other country, needs citizens in the real sense and meaning of this word, and no one set of men, not even excepting the school and college instructors, has a greater opportunity to improve the standard than the medical profession." It is our privilege to come into contact with all ages of life, and we should make use of this golden opportunity to accomplish this very much to be desired result. We all agree with the sentiments expressed so well in this article, and agree that the physician at present is not doing his full duty toward creating a better idea of good citizenship. The author tells in his article how this can be accomplished by the profession by example, precept and instruction. From the remaining articles one should find a number of interest to him specially, as they cover a wide field.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. February, 1916. Published Bi-monthly. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. Paper, $8 per annum. Volume V, Number 1.

Volume V, Number 1, of Murphy's Clinics is now in our hands, and, like its predecessors, contains, besides a little lean, much good red meat. In speaking of penetrating wounds of the knee-joint, Dr. Murphy advises removal of the foreign body immediately and painting the operative tract with tincture iodine, close the wound into the joint and inject a 2 per cent. formaline-glycerine solution for the purpose of cofferdaming the lymph spaces in the joint and producing an intense chemical reaction in response to the infection in the knee. The next day repeat the aspiration and again probally the second day if there were much fever. In the absence of fever do not reinject, but aspirate to diminish the tension of the products of infection in the knee-joint, on the same principle that you diminish the tension of a phlegmon in the thigh. Of as equally vital importance in the obtainal of a good joint is the application of Buck's extension, which must be applied on the very first day that you receive the case. While you may not be responsible for the development of ankylosis following joint infections, you are absolutely responsible for letting the knee become flexed to a right angle, and this flexion-contracture may be prevented by applying the extension the very first day. Furthermore, he emphatically states, no matter what the source of the infection of the synovia, whether the tonsils, the teeth, an abscess or a septic splinter, the first time you see the patient you must relieve the intra-articular pressure from the tension of the exudate

SABALOL SPRAY FOR NASAL CATARRH

AFFORDS PROMPT RELIEF IN ALL CATARRHAL DISEASES REACHED BY LOCAL APPLICATION

Pharyngitis, Laryngitis, Hay Fever, Acute Coryza, Rhinitis, Ozena and Inflamed Mucous Membrane in All Parts of the Body

Laryngologists find SABALOL SPRAY invaluable in the treatment of the throats of actors, singers and speakers

IF UNACQUAINTED, SEND FOR SAMPLE

T. C. MORGAN & CO., 102 John St., New York

YOUR SPECIAL ATTENTION

IS DIRECTED TO

Beef, Iron and Wine, with Hydropepsin,

Liquid Pi-cine Co., Red Syr. Hypophosphites Co.,

Compound Salol Capsules.

THOMAS & THOMPSON CO.

Manufacturers and Dispensers of Pure Medicines (Wholesale and Retail)

Cor. Baltimore and Light Sts., Baltimore, Md.

Ex-President Cleveland said:

No investment on earth is so safe, so sure, so certain to enrich its owners as undeveloped realty. I always advise my friends to place their savings in realty near some growing town. There is no such savings bank anywhere.

Following this suggestion, I offer a few large lots, 125' x 250', in a new and growing Northwestern development just outside of Baltimore City at less than 4 cents per square foot. Mail a postal for maps, pictures and cash discounts. Also "Easy Terms".

RICHARD W. COOK, - - - 14 E. Lexington Street

KALMERID—An improved catgut superseding iodized sutures

DAVIS & GECK, INC., Brooklyn, N.Y. U.S.A.

The purity and quality of the salts used insure gratifying freedom from gastric disturbance or "bromism"-even on prolonged administration.

PEACOCK'S BROMIDES

Used with conspicuous success in Epilepsy, Uterine Congestion, Headache, the Reflex Neuroses and whenever a reliable antispasmodic or sedative is required.

CHIONIA

Affords hepatic stimulation without purgation---a true cholagogue.

PEACOCK CHEMICAL CO.

St. Louis, Mo.

by aspiration and from the tension of muscular contraction by applying Buck's extension. Should you withhold the extension until the sixth, eighth, tenth or twelfth after the onset of the synovitis, the muscular contractions will have become so great that the pain due to the increased amount of force now required to straighten the limb will be practically intolerable to the patient, while if you apply the extension on the first day, you may leave the opium and the hypodermic syringe at home. After the formaline injection, do not let the patient get up and about, as so many physicians do, erroneously believing they have followed the Murphy method, but put the patient to bed and apply extension.

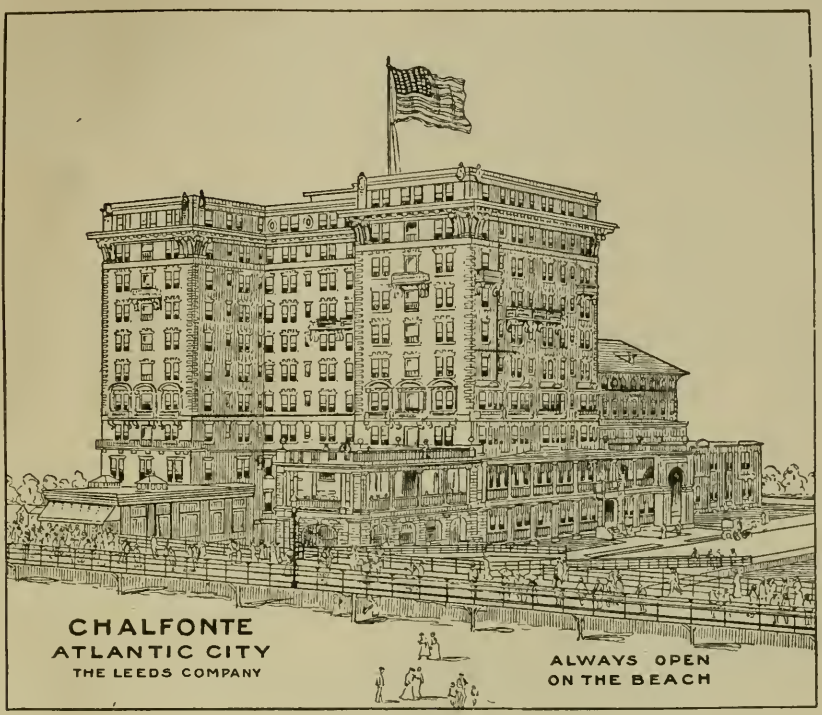
It is just these plain, every-day heart-to-heart talks that permeate the whole issue of Murphy's Clinics, and which have so justly made them sought after. Murphy elucidates his practices in these bi-monthly issues so plainly that one might easily imagine that he is listening to the master from the benches of the amphitheatre.

Collected Papers from the Research Laboratory of Parke, Davis and Company. Dr. E. M. Houghton, Director. Reprints—Volume 3. 1915.

A great amount of research work of immense value to the profession is constantly under way at the laboratories of Parke, Davis and Company. This volume is a collection of the papers written by members of the staff on work which they have done in the laboratories of this firm. From a glance at the contents, one immediately becomes acquainted with the enormity and variety of subjects under investigation, namely, a sero-enzyme test for syphilis, infection and immunity, a review, disinfection, what disinfectant is the most generally applicable for clinical, surgical and sanitary purposes; the sterilization of adrenalin preparations, an expanding root canal filling, the pharmacy of adrenalin, etc. From the category above one is impressed with the amount of useful work being done by the research staff of Parke, Davis and Company.

A Textbook on the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine at the Medico-Chirurgical College; Physician to the Medico-Chirurgical Hospital; Consulting Physician to the Jewish Hospital and to the Widener Home for Crippled Children; Formerly Physician to the Philadelphia and to the Protestant Episcopal Hospitals, Philadelphia; Officier de l'Instruction Publique. Illustrated. Twelfth Edition. Thoroughly Revised. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. Cloth, $7 net.

What's the need of making special reference to Ander's Practice of Medicine. Every practitioner of medicine is fully aware that it is one of the standard textbooks in the English language. Neither time nor changed conditions will affect its popularity. As a matter of fact, each succeeding issue is more popular than its predecessor, so with age it meets a larger and larger measure of popularity. But as medicine is ever changing, it is necessary from



Select Location

PHILLIPS HOUSE

Open All the Year

F. P. PHILLIPS

Specially Prepared Diets for Convalescents

Nurse and Doctor on Call

Massachusetts Ave., near Beach **ATLANTIC CITY, N. J.**

We are in a position to take care of your Auto Accessory wants at the right price and with the right service.

GIVE US A CHANCE
To Prove Our Claims

The Hub Auto Supply Co.

709 N. Howard Street

Telephone, Mt. Vernon 4547-M

Phones { Mt Vernon 3348-M WM. H. HUSTER
Mt. Vernon 2107 H. W. WINDER

"Always at Your Service"

HUSTER & WINDER

Garage and Service Station

Automobile Repairing, Autogenous Welding, Machinists' Accessories and Tire Repairs. Electric Starting, Lighting and Ignition Systems. Storage Batteries Charged and Repaired.

1801 Lovegrove Alley

Bet. Charles and St. Paul Sts. BALTIMORE, MD.

time to time and from the exhaustion of editions to bring out new editions. Since the appearance of the last edition there have been added a number of rather important discoveries to the field of the internist, and it is the incorporation of these and the deleting of those which have proven useless that the present edition deals. The new matter embraces sections on colon bacillus infections: large cell spleenomegaly; tuberculosis of the thyroid gland; vagotomy and hypophyseal obesity. Those subjects partially rewritten are diabetes mellitus, hydrothorax; gastro-enteroptosis; acute anterior poliomyelitis; role of the cockroach in the spread of cholera, etc. Thus it can be seen that the changes ought to insure and will insure the continued usefulness of a book which for a score of years has been usefully serving the profession.

Handbook of Physiology. By W. D. Halliburton, M.D., LL.D., F.R.C.P., F.R.S., Professor of Physiology, King's College, London. Twelfth edition (being the twenty-fifth edition of Kirk's Physiology). With nearly six hundred illustrations in the text, many of which are colored, and three colored plates. Philadelphia: P. Blackiston's Son & Co. 1915. Cloth, $3 net.

Once more this book has been thoroughly revised. Heretofore enjoying an exceptional popularity as a student's textbook on physiology, from all indications the present edition will be no less favorably received. There are some men who know by intuition, as it were, how to intelligently present a subject to a beginner. Halliburton is one of them. What he has to say he says in such direct, forceful, simple diction that the veriest tyro has no difficulty in comprehending the matter under discussion. Both surgeons and physicians are in accord with the statement that "In order to understand morbid or pathological processes, it is necessary that the normal or physiological functions should be learned first. Physiology is not a study which can be put aside and forgotten when a certain examination has been passed; it has a most direct and intimate bearing in its application to the scientific and successful investigation of disease." Physiological pathology has come to occupy such an important place in the eyes of the profession that the student is indeed blessed when he has the relationship between pathology and physiology, as in Halliburton's book constantly pointed out. We know of no book which better places before the student's eyes the vital processes of the body. Starting with the cell, especially the animal, Halliburton passes on to the physiology of epithelium, consective tissue, muscular tissue, nerve, the circulatory system, the lynphatic, ductless glands, respiration, the blood, food, the alimentary canal, the secretions and excretions and the special organs. Whilst the book is elementary, it is as it should be. What the student needs and wants is not a learned discussion of the mooted points of physiology, of which there are myriads, but a plain, every-day exposition of the underlying, proven facts of physiology, and those devoid of statistics; in other words, a straightforward, dogmatic statement of what is the most accepted theories of the processes of life. Halliburton, with a rarity of judgment and consummate skill, meets this requirement.

Stanolind

Trade Mark Reg. U. S. Pat. Off.

Liquid Paraffin

(Medium Heavy)

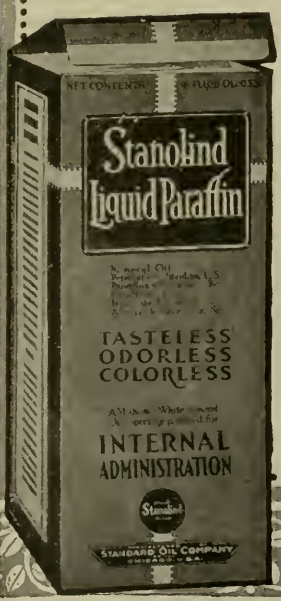
Tasteless — Odorless — Colorless

Valuable in Diabetes and Chronic Gastritis

IN cases of diabetes, the systematic use of Stanolind Liquid Paraffin, acting as a gentle laxative, is an effective means of combating the intestinal putrefaction and auto-intoxication which are constant accompaniments of diabetes in its grave forms, and may be one of the most potent factors in its causation.

Stanolind Liquid Paraffin has no effect upon gastric secretion; does not inhibit the production of hydrochloric acid by the stomach. Hence it is indicated where a condition of constipation co-exists with chronic gastritis.

Stanolind Liquid Paraffin is not acted on by any of the digestive juices and is not absorbed. It acts by adding to the bulk of food in the large intestine; by lubricating the food canal, and by hindering the excessive absorption of water.



A trial quantity with informative booklet will be sent on request.

Standard Oil Company
(Indiana)
72 W. Adams Street, Chicago, U. S. A.

69a

LOCAL DIRECTORY

THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

THE MEDICAL JOURNAL CO.

GEO. J. ROCHE & SON
House, Fresco and Sign Painters
HOEN BUILDING
Phone, St. Paul 3152 Holliday and Lexington Sts.

We Do Not Prescribe Glasses—We Make Them
BOWEN & KING
Prescription Opticians
405 North Charles St.
Telephone BALTIMORE, MD.

The National Bank of Baltimore
BALTIMORE AND ST. PAUL STS.

Capital,	$1,210,700.00
Surplus and Undivided Profits,	323,572.91
Deposits,	7,676,460.75

The GOSSARD CORSET SHOP
422 North Charles Street, BALTIMORE
Opp. Hotel Rennert Mt. Vernon 4962-J
The Original Front Laced Corset, superior to other Front Laced Corsets. All the different models from $2 to $25. Fittings by expert fitter and corsetiere.

Chattolanee Spring Water

Publishers' Department.

Danger Due to Substitution.

HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated. the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne. and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Controlling the Nervous Element in Female Diseases.

UTERO-OVARIAN congestion, traceable to extreme irritability of the local nervous mechanism, invariably requires appropriate antispasmodic treatment. Obviously great care, however, must be exercised in selecting the measures to be employed. Among the sedatives that have been found serviceable, none has proven more effective or given more uniform satisfaction in every particular than Peacock's Bromides. Many clinicians have learned to appreciate the antispasmodic properties of this preparation, and as a consequence Peacock's Bromides have long filled an important place in gynecologic therapeutics. Efficient, reliable and remarkably free from any unpleasant effects, this dependable combination of carefully-selected bromide salts is of exceptional utility in female disorders in which the nervous element is prominent. In these conditions it can be used with every confidence not alone in its therapeutic efficiency, but, what is often quite as important, in its notable freedom from gastric disturbance or other unpleasant effect. A particularly gratifying feature of Peacock's Bromides is its capacity to relieve pain and discomfort without in-

Continual pleasure for the entire household

Pleasure is the big thing with all of us. We crave for amusement—we want to share in the music and fun that bring delight to others.

With a Victrola in your home you can enjoy the world's best music and entertainment whenever you are in the mood to hear it.

We'll gladly demonstrate the Victrola and play any music you wish to hear—stop in any time.

Victrolas $15 to $400. Victors $10 to $100. Terms to suit—at cash prices.

COHEN & HUGHES

BALTIMORE WASHINGTON

Victor Distributors

14 N. Charles Street 315 N. Howard Street

LOCAL DIRECTORY

PHONE, WOLFE 4530-M

M. H. LEIMKUHLER

Orthopaedic Shoemaking

Special Shoes for All Deformities of the Feet
Repair Work Received by Parcel Post

1734 E. PRATT STREET

MISS T. O. HARTZELL

Masseuse

Electric Facial Massage, Scalp Treatment and General Massage. Outside Engagements by Appointment

2133 Madison Ave. BALTIMORE, MD.

INDEX

TO

Medical Advertisements

PAGE II

ducing a drug habit, a result which the opiates and so many other pain-relieving remedies all too often produce. Peacock's Bromides surely fill an important place in the therapy of the painful ills of womankind.

Sluggish, Overloaded Bowels.

WHEN the bowels are sluggish and overloaded, the whole system is usually depressed and deranged by the retention of toxic waste material. Without delay it becomes necessary to increase the activity of the bowels and promote regular evacuation of their contents. For these purposes there is no remedy that will give more prompt and satisfactory results, with such freedom from griping or after-effects, as Prunoids. One to three at bedtime will afford prompt relief without the usual cathartic discomfort, and rapidly restore functional regularity of the bowels. As one prominent physician has said: "I use Prunoids because it *regulates* as well as *evacuates* the bowels." Samples will be sent on request to the Sultan Drug Co., St. Louis, Mo.

The Increase of Tissue Resistance.

THE importance of increasing tissue resistance is best appreciated when one is called upon to treat a serious infection in a run-down person. Thus a pneumonia or bronchitis is so much more dangerous in an aged or debilitated person whose tissues have lost their usual power to throw off disease; that is, resist germ invasion.

For this purpose cod-liver oil is of the utmost utility, but an essential point is to choose a preparation that not only contains the active medicine and strengthening properties of the oil, but which also is so palatable that its administration may be continued over long periods of time. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is such a product. A generation of doctors have used it and learned to rely upon it.

The Nervous System After Drinking.

To put the nervous system in order after a protracted debauch physicians will find in Pasadyne (Daniel) an agent of not only dependability, but also of safety, and one that may be used in the case of weak characters with every confidence that no habit will be induced. Furthermore, there are no evil effects to be looked for after the administration of Pasadyne (Daniel), a factor of considerable importance in choosing a drug of this type. Pasadyne's power to tranquilize the nervous system has earned for it the confidence of a large circle of exacting clinicians. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

Every Claim Abundantly Substantiated.

THE place Gray's Glycerine Tonic Comp. has held in practical therapeutics during the past twenty-five years points in no uncertain way to the results it has accomplished in the hands of competent physicians, men who are abundantly

J. EDWARD McGINLEY
President

T. D. ROBERTS
Vice-President

J. H. ROSENAU
Secy.-Treas.

Fleet-McGinley Co.

Printers

OWING to an arrangement with the Medical Journal Company, all reprints of articles published in the Maryland Medical Journal must be ordered direct from the printers, FLEET-McGINLEY CO., at the following prices:

SCHEDULE OF PRICES

FOR

REPRINTS OF ARTICLES

APPEARING IN THE

MARYLAND MEDICAL JOURNAL

Four Pages

Copies.	Without Cover.	With Cover.
50	$2.95	$4.80
100	3.00	4.95
250	3.80	6.50
500	4.80	8.10
1000	6.30	12.85

Eight Pages

Copies.	Without Cover.	With Cover.
50	$4.85	$6.75
100	5.00	6.90
250	6.10	8.75
500	8.10	12.10
1000	10.85	17.55

Twelve Pages

Copies.	Without Cover.	With Cover.
50	$6.00	$7.85
100	6.15	8.25
250	7.80	10.50
500	10.25	13.30
1000	14.50	21.25

Sixteen Pages

Copies.	Without Cover.	With Cover.
50	$6.95	$8.75
100	7.15	9.10
250	8.85	11.50
500	11.90	15.90
1000	17.00	23.50

Due to the low price at which Reprints are printed, cash must always accompany order.

Especially Equipped for the Production of General Printing and Highest Grade of Commercial Work

N. W. Cor. South and Water Sts., Baltimore, Md.

FEDERAL ANTI-NARCOTIC LAW

AND

GLYCO-HEROIN (SMITH)

The composition of Glyco-Heroin (Smith) is not being changed to meet any of the exemptions or privileges allowed under the so-called "Harrison Anti-Narcotic Law" and whereby it might be sold to the public.

Glyco-Heroin (Smith) will remain just what it always has been and just what it was always intended to be, viz: a stable, uniform and dependable product for the convenience and use of physicians only, in the treatment of Cough, Bronchitis, Whooping Cough, etc.

In prescribing Glyco-Heroin (Smith) use ordinary prescription blanks. Give the name and address of patient, your own name and address in full, your registry number and date when written, (no copy or other record required.)

Prescriptions cannot be refilled

MARTIN H. SMITH CO., New York

St. Paul 3034 Res. Phone, Madison 5395

DR. J. H. LIVERPOOL

Foot Specialist

101 North Eutaw St. Baltimore, Md.

Office Hours 9 A. M. to 6 P. M.—Sundays 9 A. M. to 2 P. M.

able to judge of its usefulness as a simple, reliable and remarkably effective remedy in the treatment of all phases of debility, inanition and malnutrition of functional origin.

During all this time no claims have ever been made concerning the efficacy of Gray's Glycerine Tonic Comp. that have not been founded on—and abundantly substantiated by—the unsolicited statements of competent medical observers. The present widespread use of Gray's Glycerine Tonic Comp. by thousands of skilled, conservative physicians all over the country is due entirely to their definite knowledge of its action and effects. In other words, its use has been based on experience and judgment, and it is on these grounds—and these alone—that the manufacturers of Gray's Glycerine Tonic Comp. expect medical men to use this product.

Results—and results alone—are the criterion of the worth of a remedy, and it is on the results that it has achieved in the hands of the earnest, painstaking physicians of the country that the success of Gray's Glycerine Tonic Comp. has been built.

Have you some patient convalescing from some acute disease? Why not try Gray's? Send for samples to the Purdue Frederick Co., 135 Christopher St., New York.

Bromidia in Chorea and Epilepsy.

In those common nervous disorders, chorea and epilepsy, which necessitate the long continued administration of the bromides, it has been found that in carefully chosen dosage Bromidia (Battle) exerts a splendid remedial effect. This is due, not to any special therapeutic charm possessed by Bromidia, but solely to its well-balanced formula and carefully chosen constituents. Thus the purity of its individual components insures a more potent and definite therapeutic power than could be expected from equal quantities of similar drugs in whose choice less care had been shown. The administration of Bromidia in epilepsy reduces the force of the attacks and further lengthens the interval between them. The ease with which Bromidia is tolerated, owing to the purity of its contents, makes it possible to give it over long periods without the production of untoward symptoms, such as gastric distress, etc. This is a feature that makes Bromidia of great service in chorea and epilepsy and which has gained for it the high regard of a large part of the medical profession.

A Valuable New Catalogue.

Parke, Davis & Co. announces the publication of their 1916 price list, which is said to be an improvement in many respects over any previous issue of this valuable catalogue. The book is divided into three parts: Part 1—Fluid Extracts, Pills, Elixirs, Syrups, Tablets, etc.; Part 2—Specialties, into which have been merged Special Preparations; Part 3—Biological Products. The nomenclature of the U. S. P., Ninth Revision, has been adopted in the new list, the term "milliliter" ("mil") being substituted for the cumbersome "cubic centimeter." The standards of the new U. S. P. applying to fluid, solid and powdered extracts and tinctures, together with the doses, have also been adopted. All Harrison-Act

Autumn at the Shore

A few days or a week at the shore will work wonders with the busy man or woman who finds it impossible to take an extended vacation.

THE ST. CHARLES

offers every possible inducement to those seeking rest and relaxation. Write for booklet and terms.

NEWLIN HAINES CO.
Atlantic City, N. J.

Western Maryland Dairy

BALTIMORE, MD.

BACTERIAL tests show that the milk received by us primarily contains a lower average percentage of bacteria than is usual. It is then subjected to pasteurization after the most scientific and modern methods, thus giving us a distinctive product. Our hygienic plant, **No. 1117 Linden Avenue,** is at all times open to the inspection of physicians and others who are interested.

items (products that must be ordered on official order forms) are clearly distinguished. Its amplitude, its handy classification, its comprehensive general index, all serve to make the new catalogue a reference book of the utmost value to medical practitioners. We understand that the book will be ready for distribution about August 1st. Physicians are advised to write for a copy, addressing their requests to Parke, Davis & Co., Detroit, Mich.

The "City" Anemic.

THE hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, of course, remedy the cause of the anemia and general devitalization, it almost always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

Desiderata of an Anodyne.

IN making a choice of an anodyne the careful physician demands these properties of such an agent, viz., that it be therapeutically active in moderate dosage; that it be practically safe, especially with women and children, and that it produce a minimum of evil effects. Since Papine (Battle) easily meets these requirements of the exacting clinician, it has come into wide favor, and, in fact, is enjoying an ever-increasing use among discriminating physicians.

"ON account of the extraordinary action of Tongaline on the liver, the bowels, the kidneys and the pores, I have found it a really wonderful medicine, because it expels so rapidly and thoroughly the poisons and germs which are the cause of rheumatism, grippe, lumbago, etc."

SANITARIUMS, ETC.

The Gundry Sanitarium

(ATHOL)

A Private Sanitarium for the Care and Treatment of Nervous and Selected Cases of Mental Diseases in Women.

Splendidly located, retired and accessible to Baltimore, surrounded by 28 acres of beautiful grounds. Buildings modern and well arranged. Every facility for treatment and classification.

For further information, write or telephone

DR. ALFRED T. GUNDRY, or
THE GUNDRY SANITARIUM
Athol, Catonsville, Md.

C. & P. 'Phone
Catonsville 78-R

RIVER CREST SANITARIUM

Under State License

ASTORIA, L. I., NEW YORK CITY

For NERVOUS and MENTAL DISEASES, ALCOHOLIC and DRUG HABITUES

Home-like Private Retreat. Beautifully Located in a Large Park, Overlooking the City and Sound. Easily Accessible. Attractive. **Detached Buildings for Alcoholics and Drug Habitues.** Complete, *Modern* Equipment. Hydrotherapy, Electrotherapy, Massage, Amusements.

JOHN JOS. KINDRED, M.D., Consultant **WM. ELLIOTT DOLD, M.D.**, Physician in Charge

New York Office: **The Sydenham, 616 Madison Ave.**, Cor. 58th St.

'Phone, 1470 Plaza Hours: 3 to 4 and by Appointment Sanitarium 'Phone, 820 Astoria

REFER TO: Dr. Wm. F. Drewry, Superintendent Central State Hospital for Insane, Petersburg, Va., and others in the South.

The Richard Gundry Home (*Established 1891*)

HARLEM LODGE, CATONSVILLE, BALTIMORE COUNTY, MARYLAND

A WELL EQUIPPED SANITARIUM for the treatment of Nervous and Mental Diseases, selected cases of Alcoholic and Opium Habitues, and the various diseases requiring the removal from the environments of home.

For rates, etc., address DR. RICHARD F. GUNDRY C. & P. Phone No. 86, Catonsville

References

DR. WM. OSLER, Oxford, Eng. DR. JULIUS FRIEDENWALD, Baltimore. DR. WM. S. THAYER, Baltimore.
DR. HENRY M. HURD, Baltimore. DR. NATHAN R. GORTER, Baltimore. DR. J. ALLISON HODGES, Richmond, Va.
DR. THOS. A. ASHBY, Baltimore. DR. SAMUEL C. CHEW, Baltimore. DR. WM. F. DREWRY, Petersburg, Va.
DR. J. CLEMENT CLARK, Sykesville, Md. DR. WM. S. GARDNER, Baltimore.

PEARSON HOME

a. Devoted exclusively to treating the various DRUG and ALCOHOLIC ADDICTIONS.

b. Our reduction system affords the morphine patient the greatest possible comfort and safety during treatment, and, we believe, the best prospects for permanent relief.

DR. C. B. PEARSON
Proprietor

Descriptive Literature Sent on Request
ADDRESS
4203 Groveland Avenue, ARLINGTON, MD.

Patapsco Manor Sanitarium

ELLICOTT CITY MARYLAND

PATAPSCO MANOR SANITARIUM is a Private Home Devoted Exclusively to the Care of DRUG, ALCOHOLIC, NERVOUS and MILD MENTAL CASES

along the most modern and approved lines of professional and scientific treatment, each patient receiving direct personal care and attention of physician and nurses.

Located at Ellicott City, popularly known as the Switzerland of Maryland, on one of the highest points of Howard County, overlooking the magnificent Patapsco Valley.

Accessible by trolley or B. & O. R. R. from Baltimore.

The rates are reasonable as is consistent with careful, individual attention, and the superintendent will furnish such information as may be desired.

DR. W. RUSHMER WHITE
Superintendent

Outfit at Quick Sale, for About $100

The outfit of a well-known Throat and Nose Specialist, recently deceased, embracing up-to-date specula, forceps, syringes, head mirrors, spray apparatus, spoons, the various cutting instruments, tongue depressors, tonsiltomes, a fine intubation set, and dozens of other valuable articles used by the Throat and Nose Specialist. Also, one good dry-cell battery, one stomach pump, three imported nose and throat models, various tools and parts used in making repairs. Also, will be sold cheap, a tolerably complete obstetric outfit. Phone, write or visit PHYSICIAN, ROOM 1202 EMERSON HOTEL.

Binding and Lacing
PLASTER CASTS

ORTHOPEDIC SHOE SPECIALISTS

also

Hand-made Shoes for Normal Feet

EXTENSION SHOES
Special Workmen on REPAIRING

G. H. GORSUCH & SON

12 W. Twentieth Street BALTIMORE, MARYLAND

"LOZAK" has been in the market for some years, and each month the demand has increased. Thousands of physicians are recommending it for stomach trouble. FOR SALE AT ALL DRUG STORES

University of Maryland, School of Medicine

—AND—

College of Physicians and Surgeons

Requirements for Admission—One year of College work in a Modern Language, Chemistry, Biology and Physics, in addition to an approved four-year high school course. Beginning with January 1, 1918, two years of College work will be required.

Facilities for Teaching—Abundant laboratory space and equipment. Three large general hospitals absolutely controlled by the Faculty and thirteen hospitals devoted to specialties in which clinical teaching is done.

The next regular session will open October 2d, 1916.

For Catalog apply to

J. M. H. ROWLAND, M.D., Dean

N. E. Corner Lombard and Greene Streets BALTIMORE, MD.

WHEN you write advertisers, mention the MARYLAND MEDICAL JOURNAL.

THE STORM BINDER AND ABDOMINAL SUPPORTER

PATENTED

Men, Women, Children and Babies

FOR HERNIA, RELAXED SACRO-ILIAC ARTICULATIONS, FLOATING KIDNEY, HIGH AND LOW OPERATIONS, PTOSIS, OBESITY, PREGNANCY, PERTUSSIS, ETC.

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M.D.

1541 Diamond St. PHILADELPHIA

TYPHOID PHYLACOGEN

in the opinion of many competent clinicians, constitutes

THE BEST TREATMENT FOR TYPHOID FEVER.

Supplied in bulbs of 10 Cc., one in a carton.

Literature to physicians on request.

PARKE, DAVIS & CO.

DETROIT, MICHIGAN.

"The Salt Breath of the Sea Brings Heal"

GALEN HALL

And Cottages

Hotel and Sanatorium

ATLANTIC CITY, N. J.

¶ Stone, Brick and Steel Buildings, with every modern comfort. Two Elators and five Sun Parlors.

¶ Convalescents can have specially prepared diets and other helps, and under control and advice of home physician through our resident.

¶ Our Treatment Department includes Electric and Hydriatic Applians of the latest style, with Sea Water. Trained attendants only.

F. L. YOUNG, Genral Manager

Hands that are Rough, Cracked and Sore are restored to their natural softness and comfort by **K-Y Lubricating Jelly,** well rubbed in.

It "works in" quickly, and doesn't soil the linen. You know it as a surgical lubricant; it's "just as good" an emollient.

Collapsible tubes, druggists, 25c.
Samples and literature on request.

VAN HORN and SAWTELL
15-17 East 40th Street New York City

"Sick Headache"
—another headaches—

are usually relieved more or less promptly as you remove their cause. In the meantime—

K Y ANALGESIC

locally 'rubbed in," will usually afford comfort without blistering or soiling.

Gives Nature's Corrective Forces a Chance

No fat or grease. Samples and literature on request.
Water-soluble. Collapsible tubes, druggists, 50c.

VAN HORN and SAWTELL
15-17 East 40th Street, New York City

FLEET-McGINLEY CO., PRINTERS
BALTIMORE, MD.